RGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 0670
1. PLACE OF DEATH	(210.on) Q
County Allegany	Registration Dist. No.
Village or City I ho thing med.	No. Mineral Acepital St. Will death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 2 8 yrsmo	
2. FULL NAME Frank Bidding	tow
(a) Residence: No. Route 2 - Froathe	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male While Single	(Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That t attended deceased f
(or) WIFE of	- 19 , to
DATE OF BIRTH (month, day, and year) Feb. 19 1906	I tast saw h alivo on , 19 ; death is
AGE Years Months Days I LESS than	to have occurred on the date stated obove, etm
28 4 30 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or particular	Brokens usch and other Date of or
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	mynice resulting from being
SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and specific properties).	Heren braw an automotile
SAW MILL, BANK, etc.	operated in a redeless rusum.
	by le histian posumer
year) occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) Trool fung	
(State or country) Mac.	
13. NAME Samuel Bildington	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(otation)	What test confirmed diagnosis? Was there en eulopsy?
15. MAIDEN NAME Lilie Streets	23, If death was due to external ceuses (VIOL ENCE) fill to also the following:
15. MAIDEN NAME Lilie Streets 16. BIRTHPLACE (city or town) - Froetburg mb	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Samuel Bildington	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Levery Cambrigate July 12, 19 34	Nature of injury
28. LXIII	24. Was disease or injury in any wey related to occupation of deceased?
9. UNDERTAKER and the first med.	If so, specify
	Signed Asperum Carpul

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis (1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIG 4 - AND			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			4

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

W 25 50

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Chronic interstitial nephritis	. 1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	9901
Gallstones	May 1,1923	Gastroenteritis	1 yeor
			10.00

•	County Allgany	Pagistration Dist. No. (a
10	Civilage or City Male	Registration Dist. No. 6
	Village or City (If	No. St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredys	How long in U.S. if of foreign birth?yrsmosd
2	2. FULL NAME allen Kobert On	odwatei
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Mule 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the ward)	21. DATE OF DEATH (Month) (Oay) (Year)
5a.	If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
	0.17 OF DIDTH (
	DATE OF BIRTH (month, dey, and year) AGE Years Months Agy 11 LESS than	to have occurred on the date stated above, at 2,30 cm.
	1 / 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
z	8. Trede, profession, or particular kind of work done, as SPINNER,	Data of onse
T.0	SAWYER, BOOKKEEPER, etc.	Wychbien _
UPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	accidental sufficiation by bed clathers
OCCUPATION	10. Date deceased last worked at this occupation (month and spent in this	Died in bed; while alonging with its
	year) occupation	Other Contributory Causes of Importance;
12.	BIRTHPLACE (city or town) Dya temport	Other Controllery Causes of Importance.
~	(State or country)	
FATHER	13. NAME Hannow Groodwater	
FAT	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
~	15. MAIDEN NAME R	Whet test confirmed diegnosis? Was there an aulopsy?
MOTHER	- The software	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
¥	16, BIRTHPLACE (city or town)	Where did injury occur?
17.	INFORMANT A grand Brogdwite (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Muscowy Mu Date July 9, 1934	Neture of Injury.
19	UNDERTAKER S. Boycal:	24. Was disease or injury in eny way related to occupetion of deceased?
	(Address) Borton MA	If so, specify
20.	FILED July 9, 19 34 alprovile hors	(Signed) Adult (C) (Signed) M.
	Registrar.	(Address) Leamont Coca

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A DOVENOUS CONTRACTOR	ACD BOD BUDGHED CO	AMEMIENTO DV DUVSICI	IN 1 7-9-	3×(
wan color at	3am. 7-8	34 to alten	Sceren	and.
Journ the injunt of	aber am	sotisties t	but there	Joseph Line
The The play	The history of	pavifus	illus sa. C	one
the days of	0-34 AV	go econ	tolante	OBen me

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Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	1	July 5,1927	Peritonitis	3 days ago
	AE	C E (V	(E.D.)	
Other contributory causes of important	è:	G: 7 19	Other contributory causes of importance:	
Gallstones	RIT	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06704
1. PLACE OF DEATH WITHIN CORPOR	2015 THOTE (3)
County allegung	Registration Dist. No.
Village or City Cumbniton mo	No. J 23 avenuet on St. / Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
Chtique a 12	
2. FULL NAME Suggestion and Ocean	
(a) Residence: No. U •) (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yeer)
(or) WIFE of	22. I HEREBY CERTIFY, That i ettended decaased from
6. DATE OF BIRTH (month, day, and year) July 17, 1934	i last sew h althout es 37 19 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
Gresselm Borth L Xung 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related/causes of importanca
8 Trada profession or particular	wara es follows: Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stell Born
9. Industry or business in which work was done, as SILK MILL,	Bunfin ch may
Kind of work dona as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased lest worked at this occupation (month and spentin this	
this occupation (month and spent in this year)	
12. BIRTHPLACE (city or town) Cocces for found had	Other Coutributory Causes of importanca:
(State or country)	1 2 1 19
13. NAME Nague Marie 14. BIRTHPLACE (city or town) Duston Oa	
14. BIRTHPLACE (city or town) Duston Da	Neme of operation Data of
(Stete of country)	What test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Deelu Bokes	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) — Accept 04 (Stete or country)	Accidant, suicide, or homicide? Date of injury, [9
0, 18.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT August (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
**** CREMATION, ON NEWSTALE	Mannar of injury
Place Date fully 100, 1994	Natura of injury
19 UNDERTAKER Player Berney	24. Was disease or injury in eny way related to occupation of dacaesed?
(Addrass) Carefrestand me	if so, specify
20 HEroly 12, 19-34 Harren & Mua	(Signed) Mar. W M. D
Registrar.	(Addrass) (Received)

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 7921 Chronic interstitial nephritis Run over by street car 1 week ago July 5 1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: BIRE Gallstones Mau 1.1923 Gastroenteritis 1 year

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of cpilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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Village or City. The Length of residence in city for Joyn whyse death occurred full cash occurred in a horpital or institution, give it NAME instead of street and number) Length of residence in city for Joyn whyse death occurred full cash occurred in a horpital or institution, give it NAME instead of street and number) 2. FULL NAME (a) Residence: No. (b) And Collary of Collary	1. PLACE OF DEATH	(27)
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Manner of Injury	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Put, Savage Lenstey Date July 1934 Naturo of injury	Place / M. Suray Centleypate Firly 1934	Naturo of injury
19. UNDERTAKER 1. Carlle Nords 24. Wes disease or Injury In any way related to occupation of deceased? When the specific process of the specific proce		
20. FILED 17/20, 1904 12 Bookstin M.D. (Signed) - 1 30 Speller O. M. D	20. FILED 17/20, 199/ HJ Bostyller M.D.	(Signed) A Sofulli G. M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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certificate.

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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County. ALLEGANY WITHIN CORPORATE LIMITS Registration Dist. No. Village or City. CUMBERLAND, MD. MEMORIAL HOSPITAL (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (If death occurred in a horpital or institution, give its NAME instead of street and number) (Its Street, profession of perticular institution, give its NAME instead of street and number) (Its Street, profession or perticular institution, give its NAME instead of street and number) (Its Street, profession, or perticular institution, give its NAME instead of street and number) (Its Street, profession, or perticular institution, give its NAME instead of street and number) (Its Street, profession of perticular institution, give its NAME instead of street and number) (Its Street, profession of perticular institution, give its NAME instead of street and number) (Its Street, profession of perticular institution, give its NAME instead of street and number) (Its Street, profession of perti
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13. NAME LAFAYETTE DAILEY 14. BIRTHPLACE (city or town) VIRGINIA Neme of operation 2 of acres Dete of
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Where did injury occur?
17. INFORMANT Specify whether injury occurred in INGUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL CREMATION OR REMOVAL
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P. A. Neture of injury communities fracture for age
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	ORPORATE LIMITS (B)
County Allegnacy	Registration Dist. No.
Village or City Control (If	No. 23 So Sucally St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrs mos ds.
2. FULL NAME Eliza Davis	
(a) Residence; No. 122 S. Smallwtt	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR YORCED (Arrie the word)	21. DATE OF DEATH
5a. If married wirlowed, or divorcad	(Yadr) (Oay) (Yadr)
(OT) WIFE OF William A.	22. HEREBY GERT FY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) From 7 1871	I last/saw h Da Jaliva on Willy 26 1 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
63 7 19 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada profession or particular	were of follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Montrolognia
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10: Date deceased last worked at this occupation (month and years) year)	
2/14/	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town)	Un myocardis
1 13. NAME Herel. Hineray	the state of the s
	and meisterial repliants
14. BIRTHPLACE (city (rown) Trelaud	Name of operation Date of Date of
15. MAIOEN NAME TANK	What test confirmed diagnosis?
	Accident, suicide, or homicide? Date of injury 19
2 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMAND W. T. Ap Daying	(Specify city or town, county and State) Specify whether injury occurred in INDESTRY, in HOME, or in PUBLIC PLACE.
(Address 18, BURIO CREMATUN, OR BENOVAL)	Name of Information
potrick and Data July 28, 19.34	Manner of injury Natura of Injury
19, UNOERTAKED	24. Was diseasa or injury in any way related to occupation of decaased?
(Addres) Land. Md.	If so, specify
20 Fredles 27, 1934 Darweyt, Vers	(Signed) MADE Representation M.D. (Address) Cumber and MADE
If many blacks are maded adding Coast Daile	N Challes and the Paris and Carlo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groccry store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I.	i = i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	
EATH		(97)			

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County allegency	Registration Dist. No.
Village or City Bultury	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
10	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME from & Javes)
(a) Residence: No. (Javal place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	G nh 1 3 1934
5e. If marriad, widowad, or divorced	(Month) (Dey) (Meer)
HUSBAND of (or) WIFE of (O)	22. 1 HEREBY CERTIFY, Thet I attended deceased from
Lemmile Danier	19 3/410 July 13, 1934
6. DATE OF BIRTH (month, day, and year) Feb 9, 18 5	I lest saw h
7. AGE Years Months Days If LESS then 1 day,hrs.	to heve occurred on the date steted above, et. 10-91-m.
19 6 4 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were es follows:
Residue of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Arterio Sclerosis
SAWYER, BOOKKEEPER, etc.	
S. Irada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month end	
11. Total time (yeers) this occupation (month end	
yaar)	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	Senility
(State or country)	
13. NAME 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If daath was dua to external ceuses (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(Stata or country)	Whara did Injury occur? (Specify city or town, county and State)
17. INFORMANT Malle Malley (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of full unit
Place July 2 Hill Date Gally 5 1934	Manner of injury
A CRAM,	Nature of injury
19. UNDERTAKER (Address)	24. Wes disease or injury in any way releted to occupation of deceased?
50000	(Signed) One te M. D.
20. FILED JULY 14. 19.34 D-A.) Onche!	Barton, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU			- 10
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County allgangs	Registration Dist. No.
Village or City Alman	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred mos.	ds. How long in U.S. if of foreign birth?
2. FULL NAME Baky Glady G	Clan Dennison
(a) Residence: No. Zillman	St., Ward.
(Usual place of a bode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (wrights word) Tall (wide a divorced)	21. DATE OF DEATH (Month) (Day) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That attended deceased from
5. DATE OF BIRTH (month, day, and year) use 6 1934	Wast saw ham alive on July 5 1, 193 4; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 A. m.
30 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Dosmatitio Oune 12
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Gargrenosius 1937
1D. Date deceased last worked at this occupation (month and spant In this	
year) oecupation oecupation	Other Cantributory Causes of Importance:
12. BIRTHPLACE (city or town) (State er country)	
13. NAME allan Janin Denmon	
(State or country)	Name of operation
15. MAIDEN NAME Nellie getel Legen	23. If deeth was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) State or country)	Accident, suicide, or homicide?
17. INFORMANT (lan Dryin Dennissa. (Address)	(Specify city or to real and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Prostory Date 76 ,1954	Manner of injury
19. UNDERTAKER Alland J. Dennison	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 7/6 1934 a.R. Walky	(Signed) Woman A. M. D. (Address) Landhala M. D.
Registrar.	Address

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balingore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July5,1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	1
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

County Allege or City or Iown where day the occurred an a knoppial or matritution, give it NAME instead of stepts and number) Leagth of residence in city or Iown where day the occurred and should be also alleged by the County of t	1. PLACE OF DEATH	CERTIFICATE OF DEATH 06713
Village or City		Registration Diet No.
Length of residence in city or form where death occurred yes and second of s	10 10 WILL IN	THO RAFT. DI
2. FULL NAME (a) Residence: No. Baltane (Usual place of shode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED (On the by word) 55. H. Married, widowed, at divorced (or) Wife of 5. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Oays II LESS than 1 day,	Village or City Commercial (1	
(a) Residence: No. Ballinglesco a bode) PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4. COLOR OR RACE B DIVORCED (ware the word) SI II married, wildowed, and divorced (log) Wife of control by word) So. II married, wildowed, and divorced (log) Wife of control by word) So. ATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays II LESS than I day, hirs or min. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were in Life (log). So. Jacobs or country) Els BIRTHPLACE (city or town). Control of the cont	Length of residence in city or town where death occurredyrsmo	ds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED, O'D DIVORCED Currier they word) 7. AGE Years Medical Certificate of DEATH (Month) (Day) 193 ((Want) 194 (Month) (Day) 195 (Weat) 197 (Month) 198 199 (Month) (Month	2. FULL NAME Bertha W. Die	hen
Clusial place of shode If nonersident give city or town and State	(a) Residence: No Baltimne Pike	St. Ward. Mr. Cumbulank
21. DATE OF DEATH 22. I HER EBY CERTIFY. Thet I eltended decessed from 19. To have occurred on the date stated above, at 3		
## DIVORCED (curin: thy word) 55. If married, widowed, at divorced (Cr) Wife of	PERSONAL AND STATISTICAL PARTICULARS	1
HUSBAND OF GOT WIFE of GOT WIF		July 22 , 193 4
19 to 19 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day	5a. If married, widowed, or divorced	
5. DATE OF BIRTH (month, day, end year) 7. AGE 8. Trede, profession, or particular fields, hrs. or min. 8. Trede, profession, or particular fields, hrs. or min. 8. Trede, profession, or particular fields, hrs. or min. 8. Trede, profession, or particular fields, hrs. or min. 9. Industry or business in which work done, as SILK MILL, work was done and the silk of the silk was done and the silk of the si	(or) WIFE of James on Alasha	
To AGE Years Months Oays If LESS than 1 day, hrs or maintains mind on a particular mind or min. 8. Trede profession, or particular mind of mind o	1 2 12	
Strede, profession, or particular kind of work done, as SPINNER, strede, profession, or particular kind of work done, as SPINNER, strede, profession, or particular kind of work done, as SPINNER, strede, profession, or particular kind of work done, as SPINNER, strede, as SPINNER, stre		about 2 D
8. Treds, profession, or particular Mind of work dome as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which was done, as SILK MILL, SAKWELL, SAKWELL		
Sind of work done, as SPINNER, SAWER, BONKEEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked et this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stee or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 24. Was disease or injury In any way related to occupation of decessed? 11. Total time (years) span in this occupation occupation occupation occupation Other Coatributory Causes of Importance: 10. The Coatributory Causes of Importance: 11. Total time (years) span in this occupation occupation occupation occupation Other Coatributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) Neme of operation. Dete of Whet test confirmed diegnosis? Was there an aulopsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicially Accident, suicide, or homicially Specify whether injury occurs (Specify city or town, country and State) Specify whether injury occurs In Soc. Specify whether injury Noustry, in HOME, or is PUBLIC PLACE. 44. Was disease or injury In any way related to occupation of decessed? 11. Total time (years) span in this occupation occupation. 12. BIRTHPLACE (city or town) Whet test confirmed diegnosis? Was there an aulopsy? 24. Was disease or injury In any way related to occupation of decessed? 18. Signedulus A Cause A Ca		were as tellows:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. tNFORMANT (Address) 18. BURIAL, CREMATYON OR REMOVAL Place 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Other Coatributory Causes of Importance: Other Coatributory Other Coatribu	8. Trede, profession, or particular kind of work done, as SPINNER,	Oraclinea reserve
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. tNFORMANT (Address) 18. BURIAL, CREMATYON OR REMOVAL Place 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Other Coatributory Causes of Importance: Other Coatributory Other Coatribu	9. Industry or business in which	Bearing There
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. tNFORMANT (Address) 18. BURIAL, CREMATYON OR REMOVAL Place 19. UNDERTAKER 20. Accident, suicide 21. Manuary 22. Was disease or injury Nature of injury Nature of injury 24. Was disease or injury In any way related to occupation of deceased? 11. So, specify Specify Specify Company Compa	work was done, as SILK MILL, SAW MtLL, BANK, etc	-
Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 16. BIRTHPLACE (city or town) (Stete or country) 17. tNFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER Address) 10. Other Contributory Causes of Importance: Other Contributor Causes of Importance: Other Cont	10. Date deceased last worked et this occupation (month and spant in this	
(State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. thFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER Address) 20. HED 21. Synchrol 22. Was disease or injury Manner of Injury Manner of Injury Manner of Injury 24. Was disease or injury In any way related to occupation of deceased? 15. Synchrol 16. Synchrol 17. thFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER Address) 24. Was disease or injury In any way related to occupation of deceased? 15. Synchrol 16. Synchrol 17. Synchrol 18. Sync	year) occupation	Other Contributory Causes of Importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 24. Was disease or injury In any way related to occupation of deceased? 17. One of operation Neme of operation Whet test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide Specify whether injury occurred in NOUSTRY, in HOME, or in PUBLIC PLACE. Namner of Injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury In any way related to occupation of deceased? 11. So, specify Segnedal Lill Segned		
Whet test confirmed diagnosis? Was there an auropsy? 16. BIRTHPLACE (city or town) (Stete or country) Where did Injury occurred In INOUSTRY, In HOME, or is PUBLIC PLACE. Manner of Injury Place 19. UNDERTAKER Address) Mas there an auropsy? 23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicial (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or is PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER Address) 24. Was disease or injury In any way related to occupation of deceased? (Signed) (Signed) (Signed) (Signed) (Signed)		4
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18. BURIAL, CREMATION OR REMOVAL Place 19. HINDERTAKER Address) 24. Was disease or injury In any way related to occupation of deceased? 15. Specify whether injury occurred in NOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 24. Was disease or injury In any way related to occupation of deceased? Signediction Signedicti	(State or country)	Where did Injury occur? Outlier (Specify city or town, county and State)
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19. HINDERTAKER Strains Stein 9 ac		Meller Jughway,
19. UNDERTAKER Armio Stein Inc. 24. Was disease or injury In any way related to occupation of deceased? 25. Underess) 26. Was disease or injury In any way related to occupation of deceased? 26. Was disease or injury In any way related to occupation of deceased? 26. Was disease or injury In any way related to occupation of deceased? 26. Was disease or injury In any way related to occupation of deceased? 27. Was disease or injury In any way related to occupation of deceased? 28. Was disease or injury In any way related to occupation of deceased? 29. Was disease or injury In any way related to occupation of deceased?	18 1 7/24 3	Manner of Injury Alberton May Cliffe
(Address) Competition (150, specify) Oleus Orgal Augo	Placed Placed Quality Oale	Nature of injury Truelluld Skulf
sheely 24,934 Harry Wers Contrue & Meiss Argal Hego	19. UNDERTAKER Lamo Stein Inc.	24. Was disease or injury In any way related to occupation of deceased?
2 4,1934 Harry New (Address Land 220)	(Address) Completion	II so, specify
Registrar. (Addressed and Marketter 1984)	stoly 214,934 Harry Wes	1 Monthe 1 Mens real Rego,
	Registrar.	(Address Lands Park

CTATE OF MADY AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. So			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	0	E	0	
S	item	sho	of (
	-WRITE PLAINLY, WITH WINFADING INK-THIS IS A PERMANENT RECORD. Every item o	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	
	D. E	SICI	tater	
	OR	YHY.	ct si	
	REC	1	Exa	
C	LN	LY.	d.	
XI	ANE	CI	sife	
IN	RM	XA	clas	.*
B	PE	e P	erly	cate
MARGIN RESERVED FOR BINDING	IS A	state	prop	TION is very important. See instructions on back of certificate.
3D	HIS	þe	be	o jo
RVI	E.	plno	may	back
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	PL	pluor)FI	very
	TE	n sł	SE (IIS
	WR	natio	AU	TION
		=	0	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	ORATE LIMITS @
County (ille gang)	Registration Dist, No.
Village or City Cumberland, Jud.	No. Melunorual Hospo. St., 6 - Ward f death occurred in a hospital or institution, give it's NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stalle o'en Krummon	nd - 1
(a) Residence: No(Usual place of abode)	St., Ward. Strad alla M. Cal
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winds the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0 0 25 (62)	Hast saw h. E.C. alive on Hull from 19 death is said
6. DATE OF BIRTH (month, day, and year) July 25 (934) 7. AGE Years Months Deys If LESS than	I last saw h C J alive on C J South Is said to have occurred on the date stated above, atm,
1 day,hrs.	
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Para Line Broth (5-212) 7. 0254
9 Industry or husiness in which	The state of the s
work was done, es SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month end yeer)	
12. BIRTHPLACE (city or town) Cumbaland,	Other Contributory Candle of importance:
(State or country)	there agentic abortion
13. NAME Charles D. Drummond	THE WALL TOO STAY SO TO STAY SO THE STAY S
13. NAME Charles D. Drumm and	Name of operation Drong Dete of
(Stete or country) / ususa	What test confirmed diagnosis? Classical Was there an autopsy? Lea
15. MAIDEN NAME MANY CARACTER (City or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
X (State or country) Virginia	Where did injury occur?
17. INFORMANT Mrs Char Dressmond (Address) Terra alle m. Ja	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURNAL, CREMATION, OF REMOVAL	Menner of Injury
Place Memorial Naspore July 25, 1934	Neture of Injury
19. UNDERTAKER Museual Aughitas (Address)	24. Was diseese or injury In eny way related to occupation of deceased? 20
20. VILED Ly 25, 1934 Barney V Mera.	(Signed) Arthur togues h.D. M.D. (Address) to In Filter to 3 t
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example	I	91	Example II	
The principal cause of death and : of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	DIC	2 1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	NIG.			
Other contributory causes of impo	rtance:	ALL V	Other contributory causes of importance:	
Gallstones	L	May 1,1923	Gastroenteritis	1 year
		11		

	00110
PLACE OF DEATH	STATE OF MARYLAND
County (Ill a duy	CERTIFICATE OF DEATH
	Registration Dist, No.
2 1/10,00	
illage or City (No.	St.: Ward) (If death occurred a hospital or instit tion, give its NAME i
In a that I X	stead of street ar
2FULL NAME AND MA	The state of the s
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
WIDOWED. OR DIVORCED	JACY 1983
(Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
O CA 14 1858	192 to 192
(Month) (Day) (Year)	that I last saw h
AGE [If LESS than	and that death occurred on the date stated bove, at 1.21. D. L
1 day hrs.	The CAUSE OF DEATH * was as follows:
/ J yrs. 7 mos. ds. or min.?	Fritory Cuetas
OCCUPATION (a) Trade, profession or	A Hamman
particular kind of work (b) General nature of industry	2 11 1 - euguomag -
business, or establishment in	(Duration) Just mos
which employed or (employer)	Contributory Tours after shetlad been
BIRTHPLACE (State or country)	Secondary A A A A A A A A A
TONERS (ATIM	(Jacktion) Jis. mos.
10 NAME OF FATHER	(Signed) A A A M.
11 BIRTHPLACE	7/22 1913 4(Address) 14 Decolo 200
OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
(State or country) 12 MAIDEN NAME/	
OF MOTHER SUD MINOR MCROUNTS	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country) Sout Rugue	of deathyrsmosds. Staleyrsmos
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
P-00	Former or
(Informant) family fully	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Con X Marines Indi	7 71 2 4 2/7/ 3
(Address)	ADDRESS ADDRESS
Filed 7/20 19134 1 - Vila ostitus	26 UNDERTAKER
Registrar Company	fr nurel the very late
If more banks are needed, address tate Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Duy laborer, Farm laborer, Luborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

or as probably such, if impossible to determine definitely. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, ciccident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Aecidental drowning; Struck by railway train approved by Committee on Nomenclature of the (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. ralvular heart disease; The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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item

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WEST AND W			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) _.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

WITHIN CORPORATE LIMITS MED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

ST	ATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	06718
1. PLACE OF DEAT		WITH	IN CORPOR	PATE LIMITS Dr.c.1. Owens	1
	llegane		you on	The state of the s	4
Village or City Cur	nberlan	id. Md	/	No. 809 MtRoyal Ave St., of death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of residence in city	or town where d	leath occurred	yrsmos		
2. FULL NAME H	annah.E	vins			
(a) Residence: No.			C	St., Ward.	
		(Usual place	of abode)	If nonresident give city or town and	d State
PERSONAL AND	OR RACE		RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
	nite	or Divorce Sine	(write the word)	July 4 . 193	34 . 193 (Yeer)
5a. If married, widowed, or divorce HUSBAND of	ed .				
(or) WIFE of				22. HEREBY CERTIFY That I attended	deceased from
6. DATE OF BIRTH (month, day,	and yeer) OC	t.5.185	54		.; death is said
7. AGE Years	Months	Days	If LESS then	to have occurred on the date stred ebove, at 8.30 Am	
79	9	•	I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	Date of enset
8. Trede, profession, or part kind of work done, as	SPINNER.				Q.
kind of work done, as SAWYER, BODKKEEP 9. Industry or business in	which	At-Home		College To Darlotte Sol.	- June
work was done, as SI SAW MILL, BANK, etc.				The state of the s	
O this occupation (mont	ed et h end	spe	ime (years) nt in this		
year)		0051	upetion	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)			Pa	Ol Benglita	
	iel.Evi	ns		- Put (Va · Fame)	
Ξ	->	Engla	nd	Name of operation Date of	
14. BIRTHPLACE (city or tow (State or country)	n)			10. O geneller	autopsy?
15. MAIDEN NAME	Elizabe	th. Jon	es	23. If death was due to external ceuses (VIOLENCE) fill in also the Jollowin	g:
16. BIRTHPLACE (city or tow	n)	England		Accident, suicide, or homicide? Date of Injury	, 19
≥ (State or country)	a 2 . 22	0.0		Where did injury occur?(Specify city or town, county and Sta	ate)
	Carl.N			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	LACE.
(Address) (18. BURIAL, CREMATION, OR RE	MDVAL	urg Wva		Manner of injury	
Place Rose H	111	Date July	.6.1934	- Neture of injury	
19. UNDER I ARER	John.C.	Wolford		24. Wes disease or injury in any way releted to occupetion of deceased?	
	. / .	0/	MM	If so, specify (Signed)	
20. Files of 3 , 19	3400	arney	N / lac. Registrar.	(Address)	III. U.
	If more	blanks are needed, a	address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	hu

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	Example II	0 1
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory eauses of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory eauses of importance:

N. B.

Length of residence fibrity or town where death occurred	STATE OF MARYLAND—	CERTIFICATE OF DEATH 06719
Village or City	1. PLACE OF DEATH WITHIN CORPC	PRATE LIMITE (4)
(a) Residence: No	County Allegans	Registration Dist. No.
(a) Residence: No. 6 (Usus/pace of abode) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS JEX 4. COLOR OR RACE OF BIVEN (South) DAY II married, vidowed, or diverad HUSAND of (or) viter of (or)	Village or City Carn Aurland (If	
(a) Residence: No	Length of residence in pity or town where death occurredyrsnos	. ds. How long in U.S. if of foreign birth? yrs mos ds
PERSONAL AND STATISTICAL PARTICULARS Jest 4. COLOR OR RACE OK THYORED (cerite the word) OK THYORED (c	2. FULL NAME Michael of. H	coemeil
4. COLOR OR RACE OR THYORED (certic the word) OR THY PRINCE (city or town)		
OR DIVORCED Counter towords a. If married, widowed, ac, divorced HUSBAND of (CP) WIFE of (CP) W	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of Control o		Lety 2/ , 193 7:
S. DATE OF BIRTH (month, day, and year) 1. AGE 1. AG	5a. If married, widowed, or divorced	
AGE Years Months Days If LESS than I day, hrs.	(or) WIFE of Dertha Antman	1/ 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
AGE Years Months Days If LESS than I day, hrs. or. min. 8. Trade, profession, or particular to have occurred on the data styled above, at the profession of	C DATE OF BIRTH (mostly down of most of the 20 18/1	Land Man Man Valle
8. Trade, pydression, or particular kind of work done, as SPINNER, SANYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAN MILL, SA		1/227
Spiritual Continues of Spiritual Continues	/2 /0 ormin.	
Other Contributory Causes of Importance: Other Contributory Causes of I	8. Trada, ptofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	(Internet The
Other Contributory Causes of Importance: Other Contributory Causes of I	9. Industry or business in which	
Other Contributory Causes of Importance: Other Contributory Causes of I	SAW MILL, BANK, etc.	Carcinousa !
Other Constitutory Causes of importance: Other Constitutory Causes of i		Media
(State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. 19.3 FRANKING Registrar. (State or country) Name of operation What test confirmed diagnosis? What test confirmed	1. 1. 1. 1. 0	Othar Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN MAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. UNDERTAKER (Address) 10. UNDERTAKER (Address) 11. UNDERTAKER (Address) 12. UNDERTAKER (Address) 13. NAME Name of operation What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Date of injury Necident, suicide, or homicide? Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Mannar of Injury Natura of injury Natura of injury 19. UNDERTAKER (Specify (Signed) (Signed) Address) Address Address Address		
Name of operation. Oate of What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN AMERICAL (city or town) (State or country) What test confirmed diagnosis? Date of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to extarnal causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? Oate of What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Mannar of Injury Natura of injury 19. UNDERTAKER (Address) If so, specify (Signed) Maddress) Maddress) Maddress) Mannar of Injury Natura of injury (Signed) Maddress) Mannar of Injury Natura of injury (Signed) Mannar of Injury Natura of Injury Natura of Injury Address)		4 6
What test confirmed diagnosis? 15. MAIDEN NAME (city or town) (Stata or country) 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed)	M PURTURIAGE (cit and	Name of operation
15. MAIDEN AMERICAN STATE STAT	(State or country)	/h :0 C - A
Accident, suicide, or homicide? Date of injury 19 (Specify city or town, county and State) 17. INFORMANT OLD THE THEOLOGICAL Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place To Mannar of Injury Natura of injury. 19. UNDERTAKER AND ACCIDENT TO THE PLACE OF T	15. MAIDEN LAMERICA EL FLETALINAS	
(Specify city or town, county and State) 17. INFORMANT OLD That House Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place The State Canadada That Canadad That Canada That Canadad That Cana	16 DIPTHUI ACE (aity or town)	
17. INFORMANT Of the test of the second of t	(Stata or country)	Whera did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place The Line Confidence of Mannar of Injury 19. UNDERTAKER (Addless) 29. FILE Confidence of Mannar of Injury 18. BURIAL, CREMATION, OR REMOVAL Mannar of Injury Natura of Injury 24. Was diseasa or Injury in any way related to occupation of deceased? (Signed) (Signed) (Signed) (Addless)	17. INFORMANT Bertha tusenmeser	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER Anis Stein Paris (Add)ess) 24. Was disease or Injury in any way related to occupation of deceased? 25. FILE Color of the control of the con	18. BURIAL, CREMATION, OF REMOVAL	Mannar of Injury
(Address) 29 Enterring 3.0, 193 4 Rarry Wees Registrar. Registrar.	Place Sto stert landonoing 1/30,1934	
29 FALOURING Signed) August Michael Mary Mary Registrar. (Signed) August Madyless) Charles (Signed)	19. UNDERTAKER Louis Stein Inc.	1 1
	29 FHEOLOGY 30, 193 & Sarvey N Weer	(Signed) A Ruger ger M.
		- Comment of the comment

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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 7 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BEREAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

of OCCUPA.

OCCUPATION

MOTHER | FATHER

	STATE O			CERTIFICAT	TE OF DE	EATH	06721
1. PLACE O	F DEATH		VITHIN COR	ORATE LIGHT	131)	Dr K	oon
County	Allegany			- Committee	Registrat	ion Dist. No.	4
Village or C	city Cumberl	and. Mo		No. Frost	Drive	St.	Ward
			(II	No. Frost death occurred in a hospital o			
2. FULL NA	me Frank.	A.Frost	, , , , , , , , , , , , , , , , , , ,				
(a) Residen	ce: No. Frost	Drive		St., Ward.			
` '		(Usuel place	of abode)	/		dent give city or town	
	AL AND STATISTI	CAL PART	ICULARS	MEDICA	AL CERTIFICA	TE OF DEATH	
3. SEX Male	4. color or race White	5. SINGLE, MAI OR DIVORCE Sing	RRIED, WIDOWED, ID (write the word)	21. DATE OF DEA	Month)	y.13.1934	. 193 (Year)
5a. If married, widow HUSBAND ot (or) WIFE of	ved, or divorced			22. I HER	EBY CERT	IFY, That I attend	ed deceased from
6. DATE OF BIRTH	(month, day, end yeer)	uly 27.	1884	I last saw h alive		July 13	193 ×
7. AGE Yea	ars Months	Days	If LESS than	to heve occurred on the da	ite stated ebove, et 6	Amm.	
4	19 11	17	1 day,hrs.	The PRINCIPAL CAUSE O		causes of importance.	18.
Z 8. Trade, profe	ssion, or particular work done, es SPINNER,			acus	& end	reslet -	Date of onset
SAWYER	, BOOKKEEPER, etc	Labor		T (maci	1 Muyter	Dean	July
9. Industry or work we	business in which s done, as SILK, MILL				/		1934
O Link I	s done, as SILK MILL, LL, BANK, etc	1 22 7 20 1					1997
	ed last worked at pation (month and	spe	time (yeers) ent in this				
year)		060	upetion	Other Contributory Causes	of Importence:		
	ity or town)	Md				7. A	
(State er cou		Man a mit		(Muce	4 Mugh	4 Discon	774
13. NAME	Charles. J						
4. BIRTHPLACE	(city or town) Germ	any		Name of operetion		Dete of	
(Stete of	r country)			Whet test confirmed diegno	osis?	Wes there e	n autopsy?
T	MEGootliebe.			23. If death was due to exte	rnel causes (VIOLENC	E) fill In also the follow	ring:
5 16. BIRTHPLACE	E (city or town)	Germany	<u> </u>	Accident, sulcide, or homic	cide?	Date of injury	, 19
∑ (Stete or	r country)			Where did injury occur?			
17. INFORMANT (Address)	Anna. Frost Cumberla			Specify whether injury occ	urred in INDUSTRY, I	ty or town, county and S n HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMAT			v14.1934	Manner of Injury		******************************	~~~~~~~~~~
Place				Neture of injury			
19. UNDERTAKER	John.C.			24. Wes diseese or injury in	n any wey related to o	ccupation of deceased?.	
(Address)	Cumberl	and. Mo		If so, specify	7	11	
20 Futoles	14,1934	accely	A Steer	(Signed)	Cui	es on funt	and M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ORD. E	HYSICI	tstatem	
	r REC	Y. P.	Exact	
MARGIN RESERVED FOR BINDING	B.—WRITE PLAINLY, WITH NFADING INK—THIS IS A PERMANENT RECORD. E.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICI	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem	
FOR B	IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田	HIS	be	be	of
SERV	INK-T	plnods	it may	on back
RE	N.G.	AGE	that	ons
RGIN	NFADII	plied.	rms, so	nstructi
MA		Sup	in te	see i
	VITE	fully	ı plai	it. S
	'Y'	care	H ir	ortar
	INI	pe	EAT	imp
	PLA	pinoi	F D	very
	TE	n sh	SEC	IS
5. No. 1	WRI	matio	CAU	TION
'n	1		-	-

1. PLACE OF	STATE C			CERTIFICATE OF DEATH
County A	llegany		HIN COLL	David II David II
Village or City	. Cumberlar		yrs. mo	Registration Dist. No. No. Nemorial Hospital St. W If death occurred in a horpital or institution, give its NAME instead of street and number) s. 4 ds. How long in U.S. If of foreign birth? yrs. mos.
	E Delbert			mos
	: No. Grellin			a dans I Co.
(a) Nesidence	. NoCLT 5-L-L-L-L-L-L-L-L-L-L-L-L-L-L-L-L-L-L-L	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
PERSONA	L AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
Male	White	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 3 102 4
5a. If merried, widowed, HUSBAND of (or) WIFE of	or divorced	-		(Month) (Day) (Year) 22. HEREBY CERTIFY: That I attended deceased f
	onth, day, and year) N 8	ay 16,19	933	19 3 , 19 3 , 19 3 , 19 3 ; death is
7. AGE Years	Months	Days	If LESS then 1 day,hrs. ormin,	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession kind of work SAWYER, BI	n, or perticular k done, as SPINNER, DDKKEEPER, etc			Date of on
No. Trade, professor	iness in which one, as SILK MILL, BANK, etc			sheeted 4
tills occupati	ast worked at on (month and	spe	ime (years) nt in this upation	James Befeta
12. BIRTHPLACE (city o (State or country	rtown) Maryla	and		Other Contributory Causes of importance:
13. NAME GOT	cdon Ray Ga	nk		1
_	ty or town) Mary			Name of operation Refuse for Befula of Date of
15. MAIDEN NAME	Dobothy S	Stedding	T.	What test confirmed diagnosis? Wes there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (ci (State or coi	ty or town) Mary			23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT AGI	norial Hosp Cumberland	oital , Md.		Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION Place	-n . n	Date 2 -	5 1934	Manner of Injury
19. UNDERTAKER	Gardon	Ble	mo	Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED LL	4,1934	Jane	ey N. Mar. Registrar.	(Signed) J. J. J. Ball M.
	If more b.	lanks are needed, a		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
_	1. PLACE OF DEATH	2072
ould	County Allegarry	Registration Dist. No.
should of OCC	Village or City 42 through 4 hd (If	No. Mines Austral St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
NS ut	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?
rSICIAN	2. FULL NAME Melsam Cody	ard George
SIC	(a) Residence: No. Somaconsing,	Stn Ward
	(Usual place of abodé) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PH	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
LY.	Quale White OR DIVORCED (write the word)	(Month) (Day) (Year)
X A C T I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.0 HEREBY CERTIFY, That I attended deceased from
X A clas	On / 1 . C a. A.	July 121 1934 10 July 5 24 1934
	6. DATE OF BIRTH (month, day, and year) Than. 6, 1891	Wast saw bulls alive on July 3 , 1934; death is said
stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above/at/12-2/
stated proper	α / 101	were as follows:
be of	8. Trade, profession, or perticular kind of work done, as SPINNER, Thursey SAWYER, BOOKKEEPER, etc.	legs
should it may on back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Janu over ly a railrood
sh it on	10. Date deceased last worked at this occupation (month and spent in this)	Spin cate
oplied. AGE erms, so that instructions o	this occupation (month and 33 spential this occupation /6 448)	Other Contributory Causes of importence:
	12. BIRTHPLACE (city or town) (X) CAN	
lly supplied plain terms, See instru	The state of the s	
upp ter	13. NAME William Helinge 14. BIRTHPLACE (city or town) Spriantishinge	Name of operation Date of
y su ain t	(State or country) Scotland	What test confirmed diagnosts? Was there an autopsy?
	15. MAIDEN NAME Sara Sigl	23. If death was due to external causes (VIQL ENCE) fill in also the following:
be careful EATH in important.	15. MAIDEN NAME Sara Sigl 16. BIRTHPLACE (city or town) State or country)	Accident, suicide, or homicide? accident. Date of Injury day 12., 1934.
be car	(State or country)	Where did injury occur? Journay - MA - (Specifyfuly or town, county and State)
	17. INFORMANT James Genge (Address) Pontiac, Mich	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Run over by Rkd Cav.
. O . A	Place Oak Hill Cemetery Date, July 6, 1934	Nature of Injury Traumatic Supretation I legs both
mation s CAUSE TION is	19. UNDERTAKER JULIEUS LIVER DE DE LA COMPANIONE DE LA CO	24. Was disease or injury in eny way related to occupation of deceased?
	(Address) anacozyją 118	If so, specify
(T)	20. FILED 1934 (1) 1 1 Registrar.	(Signed)
0	If move blanks are needed address State Designar	N Challe Care Paline Province CL C M

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1925	Gastroenterius	1 year
	1915 1921	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

PERSONAL AND 3. SEX 4. COLOR FEMALE WH 5a. If married, widowad, or divorca	GORTNER,	MD • (Usual place of abode)	St., Ward.
3. SEX 4. COLOR FEMALE WH 5a. If married, widowad, or divorca			If nonresident give city or town and Sta
FEMALE WH		L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HIISRAND of	ITE 0	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED	21. DATE OF DEATH
(or) WIFE of MARY F		OTFRLTY	22. HEREBY CERTIFY Thet I atjended deci
6. DATE OF BIRTH (month, day, a	nd vaar) 표표	B.8.1900	
7. AGE Yaars 34	Months 5	Days If LESS than 1 dey,hrs.	to have occurred on the data stated above, at3.; 40 -mA?M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particle wind of work done, as SAWYER, BDDKKEEPEI 9. Industry or business in work was done, as SILI SAW MILL, BANK, atc. 10. Data decessed lest worket this convention (more).	SPINNER, MIN		Alsin atio
10. Data deceesed lest worker this occupation (month year)	l et end	11. Total time (years) spent In this occupation	VV lenn gurs
12. BIRTHPLACE (city or town)	MARYLAN	D	Dther Contributory Causes of importence:
L 13. NAME GEORGE	S?GLOTF	ELTY	4
14. BIRTHPLACE (city or town (Stata or country)	MARY	LAND	Nama of operation Date of Date of What test confirmed diagnosis? Spinal flux and there are autographic and autographic diagnosis and autographic diagnosis.
15. MAIDEN NAME HATT	IE LOWDE	RMILK	23. If daath was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	MARY	LAND	Accidant, suicida, or homicide?
17. INFORMANT	AL HOSPI ERLAND.M		(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REM Place Drayers	OVAL	10 July 15 ,1976	Manner of injury

If more blanks are reeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

m ż

DR.WILLIAMS

PHYSICIANS should state Exact statement of OCCUPA.

GFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-EXACTLY.

MARGIN RESERVED FOR BINDING

properly classified.

stated

AGE should be

supplied.

-WRITE PLAINLY, WITH mation should be carefully

CAUSE OF DEATH in plain terms, so that it may be

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
4			
Other contributory causes of importance:		Other contributory causes of importance:	DER L
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAUV			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	40
County Allgamy.	Registration Dist. No.
Village or City I magpining	NoSt.,Ward
Length of residence in city or town where death occurred 64/yrs. 9 mg	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Philliam Co. Le	eleve
(a) Residence: No. Laraconing	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH 7 (Say) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of Jessel Tiezes Weller	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) PA 9 - 1867	I last saw bear alive on 7-18-13% death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.55 P.m.
106 9 9 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
+- R Trade profession or particular	Date of enset
kind of work done, as SPINNER, Salesman	Cauler of liver
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at	
this occupation (month and 1933) spent in this occupation 6 year	
12. BIRTHPLACE (city or town) Barton,	Other Contributory Causes of Importance:
(State or country) manyland	
13. NAME Mesley Gigen 14. BIRTHPLACE (city or town) J. Dranyland	
14. BIRTHPLACE (city or town) - A many (and)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsystic
15. MAIDEN NAME Corrily theen	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Alanykand	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MALL JESSILL SILLIN (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place OUL Aul Consistence July 21, 1934	Manner of injury
19. UNDERTAKER M. Eightoul, (Address) Longeryning Mo	24. Was disease or injury in any way related to occupation of deceased? Lo
20, FILED July 21, 1934 2, Don Tylind, Registrar.	(Signed) \(\int_{1}\) \(\text{Ore laylowy}\) \(\text{M.D.}\)
76 11 1 11 11 0 0	

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Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
A11/3			nfas o	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

or methories Tum	SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
	The state of the s
Hammond 8.	31->4

Section of Seattle Country Cou	STATE OF MARYLAND—	CERTIFICATE OF DEATH 06728
Village or City. Length of residence in city or lown where death secured. (a) Residence: No. 2. FULL NAME (b) Residence: No. (Usee) place of shock) St. Ward. (a) Residence: No. (Usee) place of shock) St. Ward. (b) Horerident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 9. NEWSORANO OR DAYORED (correption word) OR DAYORED (correption	1. PLACE OF DEATH	(15-2)
Langth of residence in city or fown where deathercorred tyrs to mos. 2. FULL NAME Control of the city	County allegares	Registration Dist. No.
Length of residence in city or fown where deathscurred three moss. 2.7 ds. to who long in U.S. if of loreign birth? 1.71 moss. 2.5 ds. Ward. (a) Residence: No. (Unselphace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKEED, WIDOWED. 5. If surried widowad, or diversed (only wife of the country) 5. If surried widowad, or diversed (only on the country) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 8. DATE OF BIRTH (month, day, and year) 8. If the profession, or particular said to have occurred on the date stated course of importance ways as folial. 8. SAWYER, BOOKEEPER, etc. 9. Industry or bounses in which the country of the count	Village or City W Setenthout	No. St. Ward
2. FULL NAME (a) Residence: No. (Unselphore of about) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED M. Ward. MEDICAL CERTIFICATE OF DEATH 2. DATE OF DEATH 1. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED M. WIDOWED M. Ward. MEDICAL CERTIFICATE OF DEATH 2. DATE OF DEATH 1. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED M. Ward. MEDICAL CERTIFICATE OF DEATH 1. DATE OF DEATH 1. DATE OF BIRTH (month, day, and year) 1. S. Trade, profassion, or particular Wind of work dome, as STINKER, Address M. Ward on as STINKER, S. Trade, profassion, or particular Work was done as STINKER, S. MILL, BANK, Ac. 1. Total time (years) Special in his Specia	(ff	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Compths word) SI II married, widoward, or divorced (or) wife of (whomit) Cor Divorced (or) wife of (whomit) Days If LESS then 1 of work done, as SPIRNER, sec. or		di chi
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DIGORED ("Married, widowad, or divorced displayed by or down and Schele or DEATH S. If married, widowad, or divorced displayed by the displayed		St Ward
3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED OR BYGREED (warpithe word) OR BYGREED (warpithe word) 22. I HEREBY CERTIFY, That I strended daceasad from (nonth) (Nonth) (Day) (Warpite) 22. I HEREBY CERTIFY, That I strended daceasad from 19.3 ft. Last saw h. 2.2 along the word of the second of the date strended belove, St. 2.7 93.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ways as a follow. Saw MILL, BARK, stc. 23. Indian of work done, as SPINNER, SAW MILL, BARK, stc. 24. Indian of work done, as SPINNER, stc. 25. Indian of work done, as SPINNER, stc. 26. Indian of work done, as SPINNER, stc. 27. Indian of work done, as SPINNER, stc. 28. Indian of work done, as SPINNER, stc. 29. Indian of work done, as SPINNER, stc. 29. Indian of work done, as SPINNER, stc. 20. Indian of work done, as SPINNER, stc. 20. Indian of work done, as SPINNER, stc. 21. INTINITY to describation of the date staffed belove, St. 2.7 93.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ways as a follow. 20. Indian of work done, as SPINNER, stc. 21. Interpretation of the date staffed belove, St. 2.7 93.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ways as a follow. 29. Indian of work done, as SPINNER, stc. 20. Indian of the staffed belove, St. 2.7 93.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ways as a follow. 21. Interpretation of the date staffed belove, St. 2.7 93.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ways as a follow. 22. Indian of the staffed belove, St. 2.7 93.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ways as a follow. 22. Indian of the staffed belove, St. 2.7 93.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ways as a follow. 23. Indian of the staffed belove, St. 2.7 93.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ways as a follow. 24. Was there are auropays. 25. Indian of the staffed belove, St. 2.7 93.m. The PRINCIPAL CAUSE OF DEATH and related ca		
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## ACCOUNTY OF THE DISTRIPLACE (city or town) ## IS INTAPPLACE (c		July 20 193 4
T. AGE Yars Nonths Deys If LESS than 1 day. hrs. or min. Nor min. The PRINCIPAL CAUSE OF DEATH and related causes of importance was as follows: SAWYER, BOOKKEPER, stc. 9. Industry or business in which work was done, as SILK MILL. SAWYER, BOOKKEPER, stc. 9. Industry or business in which work was done, as SILK MILL. SAWHILL, BANK, stc. 12. BIRTHPLACE (city or town) (State or country) T. I. MAIDEN NAME 13. NAME 14. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURLAL EREMATION, OR REMOVAL PINDERTAKER (Address) 20. FILED 20. FILED 21. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	HUSBAND of	
T. AGE Yars Nonths Deys II LESS than 1 day	6. DATE OF BIRTH (month day and year) 707) 27 /9 29	I last saw h alive on 19 4 daath is said
8. Trade, protession, or particular individual and services of importance was as follows: 8. Trade, protession, or particular individual and services of importance was as follows: 8. Trade, protession, or particular individual and services of importance was as follows: 8. Trade, protession, or particular individual and services of importance individual and services of importance individual and services. 9. Industry or business in which work was done as SILK MILL, SAKMILL, BARK, atc. 10. Date deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. Or FILED 10. Specify city or town, occurry and State) 19. Or FILED 10. Specify city or town, occurry and State) 19. Or FILED 10. Or FILED 11		
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What test confirmed diagnosis? Was there en au'opsy? No period of the state of the	II 13. NAME John a. High	In a had sinite (strestances)
What test confirmed diagnosis? Was there en au'opsy? No period of the state of the	14. BIRTHPLACE (city of town) Purgustaville	Name of operation.
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? (Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Mannar of injury Nature of injury 24. Was disaasa or Injury In any way related to occupation of dacaased? If so, spacify (Signad) (Signad) (Signad) (Address) M. D. Registrat. (Address)	grate or country)	
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20. FILED 21, 1934 Aggral (Signad) (Address) The straight M. D. (Address) The straight M. D.	Plato MICH Constante July 7 1/9 3 7	Nature of injury
20. FILED July 1, 1934 affine (Signad). Uf Turphuhafer M. D. (Address) The externation of the strange of the st		
Registrar. (Address) Meterry out, ms.	The state of the s	1.95
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- 60	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.—WRITE PLAINLY,

V. S. No. 1

Exact statement of OCCUPA-

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1.	PLACE OF		OF MAI	RYLAND-	CERTIFICATE	OF DEATH	6790
					(13)	Pagistration Diet No. E	0123
	Village or Cit	v Dawson	י ע	``	No	Registration Dist. No5	
	Length of resid	lence in city or town wher	re death occurred	(I	f death occurred in a hospital or institut sds. How long in U.S. if of	St,stoon, give its NAME instead of street and foreign birth?m	number)
2.		ME_Alice I e: No. Dawn	dise son, Md (Usualpla	ee of abode)	St.,Ward.	If nonresident give city or town and	State
	PERSON	AL AND STATIS	TICAL PAR	TICULARS		ERTIFICATE OF DEATH	
3. SE	F.	4. COLOR OR RACE		ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	July 22 (Oay)	, 1934 (Year)
	married, widowe HUSBANO of (or) WIFE of	d, or divorced Adam H	ise		1	CERTIFY, That I attended	deceased from
6. DA	TE OF BIRTH (n	month, day, and year)	About]	.894		, 19	
7. AG	Years 40		Days	if LESS than 1 day,hrs. ormin.	to have occurred on the dete stated The PRINCIPAL CAUSE OF DEAT	d ebove, atm, H and related causes of importance	
CUPATI	9. Industry or by work wes SAW MILL 0. Oate deceased this occupa	sion, or perticular ork done, as SPINNER, BOOKKEEPER, etc usiness In which done, as SILK MILL, ., BANK, etc d lest worked at ation (month and	11. Tota	time (years)		thigh. Severed actorys w. Raymond Casserly.	
12. B	IRTHPLACE (city (State or count	or town)Md.			Other Contributory Causes of tmpoor Hemorrhage femoral Artery	from severed	-
프	3. NAME	John Barne	S			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
FATHER	4. BtRTHPLACE ((State or c	(city or town)	Nd.		Name of operation	Date of Date of	
1	5. MAIOEN NAM	E Florer	ice Un	known		ses (VIOLENCE) fill in also the following	
MOTHER	6. BIRTHPLACE ((city or town)		11	Accident, suicide, or homicide?	omicide. Date of Injury 7/2	21934
	(Address)	McCc	lise ol, Md.		Specify whether injury occurred in In Home of decea	(Specify city or town, county and State INOUSTRY, in HOME, or in PUBLIC PLANTS STATES.	e) ACE.
18. Bt		on, or removal wlings, Mo	LaOateaI	uly 2519.34	Manner of Injury Shotgur		
19. UI	NOERTAKER (Address)	Louis St		c	24. Was disease or Injury in any wa	y releted to occupation of deceesed?	no
20. FI	LEO July	24, 19. 34	,	Meter Registrar.	(Signed) Frederick (Address) 7779	a Textulat acting (nd

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Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
13			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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···			

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH

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B.

STATE OF MARYLANDE GERTIFICATE OF DEATH inforstate 1. PLACE OF DEATH County_ Village or City Langth of residence in city or town where death occurred

Registration Dist. No. St.. (If death occurred in a hospital organization, give its NAME instead of street and number) How long in U.S. If of foreign birth?

2. FULL NAME

22.

Ward.

21. DATE OF DEATH

If nonresident give city or town and State

CERTIFY. That I attended decaased from

----- Was there an autopsy?__

(Specify city or town, county and State)

(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of 1898 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Months Days I dayhrs. or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... Mork was done, as SILK MILL, SAW MILL, BANK, etc To. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation _ 12. BIRTHPLACE (city or town)

to have occurred on the data stated above, at..... The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset Other Contributory Causes of importance:

MEDICAL CERTIFICATE OF DEATH

(State or country)

FATHER 13. NAME

14. BIRTHPLACE (city or town) (Stata or country)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town) (Stata or country)

17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

Il so, specify

Manner of Injury

Nature of injury

What test confirmed diagnosis?

24. Was diseasa or injury in any way ralated to occupation of deceased?

(Address)

Specify whether intury occurred in INDUSTRY, in HOME or in PUBLIC PLACE

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

OF DE

CAUSE mation

LION

pluods

WRITE

(Stata or country)

18. BURIAN, CREMATION, OR REMOVAL

19. UNDERTAKER

should

PHYSICIANS

Jo

statement

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. aany Village or City_ (If death occurred in a hospital minstitution, give its NAME instead of street and rumber) ds. How long In U.S. if of foreign birth?___ Langth of residenca in city or town where death occurred 2. FULL NAME (a) Residence: No. 15 If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 4. COLOR OR RACE OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Days Af LESS than to have occurred on the data stated above, at-7. AGE Months 1 day ... _ _ hrs. The PRINCIPAL CAUSE OF **DEATH** and related causes of importance or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINISE SAWYER, BOOKKEEPER, A back 9. Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, etc ... 11. Total time (years) 10. Data deceased last worked at spent in this this occupation (month and occupation instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) 13. NAME FATHI See 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis?_____ OTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicido, or homicide? _____ Date of injury _____ 19_____ 16. BIRTHPLACE (city or town).

(Day)

That I attended decaased from

Data of

(Specify city or town, county and State)

Was there an autopsy?_

death Is said

Date of onset

N	ature of injury
4.	Was disease or injury in any way related to occupation of deceased?
lf	so, specify
	(Signed) I how! I have My

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

24. W

If so

Where did Injury occur?____

Manner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	4	Example II	701
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Universities	mug1,1525	distronterius	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH WITHIN CORPOR	00/33	
County Allegany.	RATE LIMITS Registration Dist, No. 4	
Village or City Carm Herland	No. Allegany Anhitalst, + W	/ard
(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. Lot foreign birth?	ds.
2. FULL NAME Primie W. A	le la	- 43.
(a) Residence: No. 332 - 91, Inchame	St., 2 Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS 3.SEX) 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH	
5a. If married, widowed, or divorced	(Month) (Day) (Year))
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased f	rom
2/1/10//	1 103 to July 27, 193	4.
6. DATE OF BÎRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I lest saw h aliva on ; death is to have occurred on the date stated above at m	said
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
Z 8. Trade, profession, or particular	were as follows:	set
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Vissimo carditi. Vi	· Gun
9. Iridustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Someth, A. I.	g
U 10. Date deceased last worked at 11. Total tima (years)	Chambertal neplantes "	
this occupation (month and spant in this occupation		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
(State or country)		
13. NAME 14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)	Name of operation Date of	
c (State of country)	What test confirmed diagnosis?	
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill In elso the following:	
(State or country)	Accident, suicide, or homicide?, Date of injury, 19	
George Back Was a	Where did Injury occur? (Specify ety or town, dounty and State)	
17. INFORMANT (Address) Confirmal	Specify whether injury occurred In NDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION DE REMOYAL	Manner of injury	
Place Stary MALD Lens Date 30 , 19 34	Nature of Injury	
19. UNDERTAKER Army Sterry Jone	24. Was disease or injury In any way related to occupation of deceased?	
(Address) Company fulland	If so, specify	
20 tutolle 30, 1934 Harwey A Wees	(Signed) MALL A LUENAM M	1. D.
	(Address) Glimber and Wid	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAN

193

(Year)

Date of onset

(Day)

CATE OF DEATH

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regulesting U. S. No. 1.

(Signed).

V. S. No. 1

infor

1. PLACE OF DEAT

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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
RUPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	111111111111111111111111111111111111111
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH (1673)
1. PLACE OF DEATH WITHIN CORPOR	RATE LIMITS (R2-a)
County Alegany	Registration Dist. No.
Village or City Curbules Cand (If	ND. (Legany Joseph St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidence in city or town where death occurredyrs,mos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Anna Suffith	rapped to
(a) Residence: No. (Usual place of abode)	St., Ward. Mount Serage, Md. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF BEATH
5a. If married, vidowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND of Cor) WIFE of Daniel Brake	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) afril 11, 1873	last sew har alive on All 12 1 18 4; deeth is seid
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 3:00 form.
61 3 018 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end (elated ceuses of Importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Corsonery Subolism 7/21/24
9. Industry or business in which work was dona as SILK MILL.	1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc. 10. Data deceesed last worked at this occupetion (month and spent in this	
yeer) grupetion	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Litestical obstruction 1/1/424
(State or country)	Sucorcerated Jewnal Kerung
13. NAME Um Afanfill	Pf Land DA L
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Nama of operation for longing Country water of 127/24.
(State of country)	Whet test confirmed diegnosis lukes Capa Was there an eutopsy?
15. MAIDEN NAME are Mayricone	23. If death was due to externel causes (VIDLENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or lown) 16. Stella or appellant)	Accident, suicide, or homicide? Deta of injury, 19
(Stete or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Manuel Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMANAL	Menner of injury
Plece Fractifying Md Date	Neture of injury
19. UNDERTAKER & Server M.	24. Was diseasa or injury in eny way related to occupation of deceesed?
(ATT)ess) Typothing	If so, specify
20. Filesely 31, 1934 Bleenes & Men	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago HEIDERALI Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	N

V. S. No. 1 ä of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH (16736
1. PLACE OF DEATH	93-2
County Alegann City Li	Registration Dist. No.
Village or City Comberland	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence in city of town where death-occurredyrs,mos.	
2. FULL NAME FINERAM Irong	- Lakin
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	V V
(or) WIFE of manela when an	22. I HEREBY CERTIFY. That I attended deceased from
1 18/ 2	last saw h die on the death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at A.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Clevile Cardine Silvatahan July 4
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (worth and	10 But
SAW MILL, BANK, etc.	-/-1
- I Spent in this	•
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) O Michigan	Chome Negotar dello
(State or country)	the good about
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Af
14. BIRTHPLACE (city or town)	Name of operation
3 (State of County)	What test confirmed diagnosis? Was there an autopsy? Was there are autopsy? Was the was th
16. BIRTHPLACE (city ar town)	23. If death was dua to extarnal causas (VIOL ENCE) filt In also the following:
0 16. BIRTHPLACE (city ar town)	Accident, suicida, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Amanda Roberts (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Doniston Maje / 7, 19-5/	Natura of injury
10 HADEDTAKED LAST is Atting 9.0	24. Was diseasa or Injury in any way related to occupation of deceasad?
19 UNDERTAKER (Address)	If so, specify Nove
- las 1.1 1 .240 Ray A Mr.	(Signed) Con Harages M. D.
20 THEOLOGY (6., 1807 HARVELLY) (1/1600) Registrar.	(Address) Cumperage, Yha.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	AUG 7 1934	July 5,1927	Peritonitis	3 days ago	
	Campragu VeS				
Other contributory	causes of importance:	10000	Other contributory eauses of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

Durrett

06737

. 37	WITHIN	CORPORA	CC CALL	24)			,/
l y	a a Ma	ALC: O'LIM	E LIMIT		Registration		7
3 I.T	ind Md.	(1	No.	Memorial in a horpital or institutio	n, give its NAM	Tal St.,	Ward winder)
n where	daath occurrad	yrs,mos	6ds.	How long in U.S. if of f	oralgn birth?	угз	_mosds.
Valt	er Laupe	rt.					
este	ernport M. (Usual place o	d.	St.,	Ward.			
ATIST	TICAL PARTIC		1	MEDICAL CE		t give eity of town	
ACE	5. SINGLE, MARR		21. DATI	E OF DEATH			
,		(write the word)		July	16 (Month)	(Day)	, 193 4 (Year)
~			22	IHEREBY	CERTIE	***	fed deserved from
l Ge	ardner,		Jul		9 3 /10 /	Liey 1	19. 3
		1904	last saw h.	alive on	ej 1	6 , 19	death is said
onths	Days	If LESS than 1 day,hrs.		irrad on the date stated (•
	16	ormin.	were as soll		Lo-	sas of importance	Date of onset
NER,	Miner			men	inge	ti	6/26/30
.L,					δ		7
	11. Total tim	ne (yaars)					
	occub	eation	Other Caste	ibutery Causes of imports			
22.45	and		- Contract	ioniory Causes of Imports	inca.		
	and						
upe	L.f.					• • • • • • • • • • • • • • • • • • • •	
ern	any		Name of ope	onfirmed diagnosis?			
the	erine Bau	er	ij.	as due to axternal cause			
	TTO NO.			icida, or homicide?			
	ylvania			njury occur?	(Specify city or	town, county and	State)
	spital Md.		Specify whe	ther injury occurred in it	NDUSTRY, in HO	OME, or in PUBLIC	PLACE.
-	-10	. 100	Manner of I	njury			** On the time the time on on on on on on on on on
for	Date Jago	1/2036	Natura of in	jury			
13	vyl	/	24. Was disee	ese or injury in any way	related to occup	etion of deceased?	no
4	Sal	-1/m	If so, specif	60000	Tu	طنت	
R	Jacour	Registrar.	(Signad	(Address)	Tu	land.	M. D.
If more	blanks are needed, ad	dress State Registrar,		s Street, Baltimore, Requi	esting U. S. No.	. 7.	

M

Mat hews

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING	B.—WRITE PLAINLY, WITH—CNFADING INK—THIS IS A PERMANEN'	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.
. No. 1	B	H	Ü	E

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1 (120)
County allega nego Times	Magnetal Registration Dist. No.
Village or City though Ind	No. 28 Mandash St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred yrs	ds. How long In U.S. if of foreign birth?mos ds.
2. FULL NAME Delfa Mose To	n 2
(a) Residence: No. Weller show Gq. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Plute Single, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY. That I ettended decessed from
(or) WIFE of School J. Long.	June 20, 1934, 10 July 20, 1934
6. DATE OF BIRTH (month, day, end yeer) Lyst -12 -11902	I last saw har alive on free 19 19 194; death is said
7. AGE Years Months Deys If LESS than 1 day, hrs.	to have occurred on the date stated ebove, at
32 8 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	C/ Salili sent
9. Industry or business in which	more more
work was done, as SILK MILL, SAW MILL, BANK, etc	3 2000
O 10. Date decessed last worked et this occupation (month and year) occupetion occupetion	
9 2 0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	- Thank -
W 13. NAME Canter 6. Contin	And
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cannette Me Robson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (citt or town)	Accident, suicide, or homicide?
(State or country) Md.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Marshall Loging	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece St. Muluel de pato / 20 1934	Neture of Injury
19. UNDERTAKER Lacob Wafer	24. Wes diseese or injury in any way releted to occupation of deceased?
(Address) Frestung Mis	if so, specify
20. FILED 147 , 1934 St. Walker. Registrar.	(Signed) (Address) 4/ Som CV Grandel
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example I	İ	Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related of importance were as follows:	causes	Date of onset
Arteriosclerosis		1915	Attack of epilepsy		1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	-	1 week ago
Cerebral hemorrhage	AUG 4 1001	July 5,1927	Peritonitis		3 days ago
	BUREAU V. S.				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis		1 year
		-			

1. PLACE OF DEATH	ND—CERTIFICATE OF DEATH
County allesum	Projetution Did No.
Village or City Typestyteg	Registration Dist. No. No. No. No. No. No. No. No.
Length of residence in city or town where death occurredyrs,	mosds. How long in U. S. 1f of foreign blrth?yrsmos
2. FULL NAME Slonge maker (a) Residence: No. Willand. (Usual place of abode)	Modest, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (write the	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. O AL HERE, BY CERTINY, That I attended deceased fro
0 /4 2 0 = 1	924 July 29th 1834 to July 30th 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LES	I last sew by alive on
Or	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Deficult Jabour V July 20
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Frombuy - Mc	Other Cantributary Causes of importance:
13. NAME Que Salles maker 14. BIRTHPLACE (city or town). manfaul.	Neme of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME many manley	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide?
17. INFORMANT De Salle maher. (Address) midland md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	Manner of injury Nature of injury
19. UNDERTAKER A SYNSTERING TO STORY TO THE STATE OF THE	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1/36, 1934 Q. R. NOCULE	(Signed) M. J. M. churnett M. M. (Address) midlauf. M.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 wcek ago Cerebral hemorrhoge July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

STATE O	F MARYL	AND-CER	TIFICATE	OF	DEATH	06740
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1. PLACE OF DEATH County Clego	WITHIN CORPORATE LIMITS	Registration Dist. No.	4
Village or City Length of residence in city Octown where death occurred.		Sortney (ution, give its NAME instead of street U.S. if of foreign birth?yrs	
(a) Residence: Np. 21/	Flores St., 6 - Ward.	If nonresident give city or tow	vn and State
PERSONAL AND STATISTICAL PA	ARTICULARS MEDIC	AL CERTIFICATE OF DEA	тн
M W OR DIV	E, MARRIED, WIDOWED, VORCED (write the word)	Month) (Day)	, 193 (Year)
ie. If married, widowed, or divorced HUSBAND of (or) WIFE of	7-34 (last saw h. alin	EBY CERTIFY, That I att	ended deceased fro
AGE Years Months Day 8. Trade, profession, or perticular		late stated above, et. 1222m. OF DEATH and related causes of importence	e Date ol onse
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year)	Total time (yeers) spent in this occupation Dther Contributory Cause	toru # with the state of the	
(State or country)	from Prear	on Class	
13. NAME 14. BIRVHPLACE (city or town) (State or country)	Name of operation	Da nosis? Was the	te of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT	23. If death was due to ex Accident, suicide, or hon Where did injury occur?	ternal causes (VIOLENCE) fill in also the fo	ollowing:, 19
18. BUR AL OR MATION, OR PHIOVAL PIANOLOGICAL Dates	Manner of injury		
19 UNDERTAKED AND AND AND AND AND AND AND AND AND AN	24. Was disease or injury If so, specify (Signed)	in any way related to occupation of decees	ed?M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
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BUREAU V. S	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 06741
County allesany City Lim	Paristration Diet No. 4
Village or City Days 92 d.	No. Registration Dist. No. St Ward
(If	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where daath occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jufant Mortghel	
(a) Residence: No.	St., Ward. Song. My
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Corrie the word)	21. DATE OF DEATH July 14 193 24
5a. If married, widowed, or divorced	(Month) (Ddy) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
	19 19 19 34, to 19
6. DATE OF BIRTH (month, day, and year) 19-1934	I last saw h_ alive on
7. AGE Years Months Days If LESS than 1 day, January hrs.	to have occurred on the date stated above, atm.
0 1 0 1 orfnin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	D Instruct 2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occasion growth and	fremanyly
work was done, as SILK MILL, SAW MILL, BANK, etc	6 gran glatation)
10. Date deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Say Judi (State or country)	Other Contributory Causes of importance:
E	
14. BIRTHPLACE (city or town) (State or country)	Nama of operation Date of
W 15. MAIDEN NAME Alellera No and	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
E /	23. If death was due to axternal causes (VIOLENCE) fill In also the following:
State or country)	Accident, suicide, or homicida?
17. INFORMANT Also Av. Mulyfelds (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Jamily Burtal IL, Date Tel VO, 1934	Natura of Injury
19. UNDERTAKER Joseph Stew June 2006	24. Was disaase or injury In any way related to occupation of deceased?
20 sweely 20, 19.3 Danuey A Mar	(Signed) P. Bower M. D. (Address) P. Sanda J.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NEGE	W But her		
Other contributory causes of importance:	EUS .	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Date of enset

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ANG 7 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA

state

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infor-

(Address)

19. UNDERTAKER (Address)

20. FILEDE

PlacRose Hil

1. PLACE OF

County

STATE (DEATH Allegany		The state of the state of	CERTIFICATE ATE LIMITS SO TO THE STATE OF THE STATE	OF DEATH Registration Dist. No.	U6743
ty Cumberlar				Top Drive St., tution, give its NAME instead of street a	
lence in city or town where	death occurred	yrsmos	sds. How long in U.S. if	of foreign birth?yrs	_mosds.
ME Edith.A	.Mathews				
e: No. Cumber	rland. M		St.,Ward.	If nonresident give city or town	and State
AL AND STATIST	ICAL PARTI	CULARS	MEDICAL O	CERTIFICATE OF DEATH	1
4. COLOR OR RACE White		RED, WIDOWED, Or (write tha word)	21. DATE OF DEATH	July 20.1934 (Month) (Day)	, 193 (Year)
John .L .Mat	thews		22. I HEREB	Y CERTIFY, That I attance	ded daceasad from
month, day, and yaar)	Sept 28.	1878	I last saw h eliva on	July 20 , 193	190 -X
5 Months 9	Days 23	If LESS than 1 day,hrs. ormin.	to have occurred on the date sta	ted above, at 1 • 15 Rm	Date of onset
sion, or particular ork done, as SPINNER, BOOKKEEPER, etc.	House	Wife	Corcu	course of both	Date of onset
done, as SILK MILL, L, BANK, etc			Meast)	1930
d last worked at		ima (yaars)			

occupation_ Md Other Contributory Causes of Importance: Agusta Tablor Wva What test confirmed diagnosis? Was there an aulopsy? 23. If deeth was due to axtarnal causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19 Whara did injury occur?_____ (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Cumberland. 18. BURIAL, CREMATION, OR REMOVAL Mannar of Injury Nature of injury. 24. Was disease or injury in any wey related to occupation of deceasad? John.C.Wolford Cumberland. M If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronie interstitial nephritis	1921	Run over by street car	.1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU VO	2		
Other contributory causes of importance:		Other contributory causes of importance:	191
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenleritis	1 year
		• 1	

	or- A-		S	TATE C	F MAR	YLAND-	CERTIFICA	TE OF D	EATH ()	6745
1	infor- state UPA-	1. PLACE	OF DEAT	ГН				(160-E)		
1)	of infor	County_	Alle	gany		WITHIN COF	RPORATE LIMIT	Registra	tion Dist. No.	4
/	2 2	Village	or City	Cumberl	and. M		No. 21. Mar	Y	sto	Ward
	.=			***************************************			f death occurred in a hospital	or institution, give its N		
3)	NS Snt	Length of	residence in cit	ty or town where d	leath occurred	2 yrs. mos	ds. How long in	U.S. if of foreign birth	h?n	nos ds.
	CORD. Every PHYSICIANS ct statement	2. FULL	NAME S	tufa.	my 1	malfe	ch			
8		(a) Resi	idence: No	Roll	mo	ref	St. 6-3 Ward.	Alexander Control		
1					(Usual place		/		sident give city or town an	d State
	RECC. PE			D STATIST			1		ATE OF DEATH	
	K. K.	3. SEX	4. COLOI	R OR RACE	or Divorci	RRIFD, WIDOWED, D_(write the word)	21. DATE OF DE	ATH	July . 21 . 193	34
75	T'L ed.	F W OR DYVORCED ("write the word)						(Month)	(Day)	(Year)
Ž	ANENA CT	5a. If married, w HUSBAND	of				22. A .1 HER	FRY CERT	IF Yo That attended	L-deceased from
0	A A ass	(or) WIFE	of •	• •			Kely 26	34	July 3	1034
BINDING	ERM EX r clas	6. DATE OF BIR	TH (month day	and year) al	uly 20	1934	I les saw he line aliv	e on Duly	201 130	death is said
	A	7. AGE	Years	Months	Days		to have occurred on the o	date stated abova.	.15.Pm	, 20000
FOR	IS A I stated proper					If LESS then I day, Labers.	The PRINCIPAL CAUSE			
F	IS sta pro	_ 8. Trada, n	rofession, or na	rticular	<u> </u>	ormin.	were as follows:			Date of onset
Q	HIS be be of	O kind SAW	rofession, or pa of work dona, a YER, BOOKKEE	as SPINNER, PER, atc						
VED		9. Industry	or business in	which	• •		(res	neile	M X	-
RESER		SAW	was done, as S MILL, BANK, a				- /. '	- C		
SS	E # 10		caased last work occupation (more		SDE	tima (years) ent in this	Min	en		
RE	NFADING I	yaar)	A A	(061	upation	Other Contributory Cause	s of importance:		
Z	So so ctic	12. BIRTHPLACI		Cumber	land, MC	i	10			
RGIN	FAI ied.	(State or			27. 23. 01	1	con	one		
AR		13. NAME 14. BIRTHPU	Tn	omas E.		an		onp	risin	
M	sul sin t See	14. BIRTHPL	ACE (city or to	wn)	Md		Name of oparation	8-1	Date of	
	ully suplain	(318	te or country)	134 3 3 0			What test confirmed diag	nosis?	Was there an	autopsy? Luz
	NLY, WITH be carefully SATH in pla mportant.	15. MAIDEN	NAME	Eilen.C		f.a	23. If death was due to ext		CE) fill in also tha followin	
	Y, TH orts	0 16. BIRTHPL		wn)	<u> </u>	(d	Accident, suicide, or hom	icide?	Date of injury	, 19
	AINLY, d be car DEATH y import	Z (Sta	ta or country)				Where did injury occur?		ity or town, county and Sta	ate)
		17. INFORMANT		omas E.		sh	Specify whether Injury or	curred in INDUSTRY,	in HOME, or In PUBLIC PI	LACE.
	Should OF DI	(Address		herland	. Md		···			
	P-7 01	18. BURIAL, CRE	Marion, or R Hiller	ist.	Jul	Ly.22.193	Manner of injury			
	ion US N	Place				4.1	- Natura of injury			
-	-WRITE mation s CAUSE TION is	19. UNDERTAKE	R JO	hn.C.Wo	lford		24. Was disease or Injury	In any way related to	occupation of deceased?	
No.	H T	Address) (umberla	nd + Md	10	If so, specify	11 - 1	7 7	w
vi vi	z	20 MEROLL	122.,1	934 0	arner	N. The	(Signed)	125	7000	
	4	10/				Registrar.	(Address)	1.25	Cil	
		/	-1	If more	blanks are needed,	address State Registrar,	, 2411 N. Charles Street, Balti	imore, Requesting V. S	S. No. 1.	

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REC	EIVE		
Other contributory causes of importance:	7 1034	Other contributory causes of importance:	
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	PQ 140 T 4		

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	BUREAU V. S.	1 0		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	OCCUPATION	13	FATHER	MOTHER FATHER	17.	18.	4
certifical	ns on back of	ruction	See inst	portant.	ery in	IS V	4
e properly	hat it may be	s, so t	ain terms	TH in pl	F DE	SE OI	5
e stated	GE should be	d. A	y supplie	e carefull	o plu	0116 110	
SISAP	G INK-THI	ADIN	FL	ILY, WIL	7777	on oho	
	S IS A PEI stated E properly certificate.	GE should be stated that it may be properly so n back of certificat	ADING INK—THIS IS A PERMANENT d. AGE should be stated EXACTLY. s, so that it may be properly classified. I ructions on back of certificate.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAI CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement TION is very important. See instructions on back of certificate.	mation should be carefully supplied. AGE should be stated E GAUSE OF DEATH in plain terms, so that it may be properly or IION is very important. See instructions on back of certificate.	F DEATH in plain terms, so that it may be properly sry important. See instructions on back of certificat	GAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

County Clark WITHIN CORI	CERTIFICATE OF DEATH OFATE LIMITS Registration Dist. No. No. 14 Navyano st., 5 Ward
Length of residence in pity or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds. St.,Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (white the word)	21. DATE OF DEATH (Mog/ti) (Day) (Year)
5a. If married, widowed, or disorded, \$4 and HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 1974, to 1974
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If (ESS than 1 day,hrs. or min.	to have occurred on the date stated above, at 2 '70 m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8 Trade profession or particular	Jama a line Debreich Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation occupation	
12. BIRTHPLACE (city or town) Curbuland (State or country)	Other Contributory Causes of importance:
13. NAME C. J. Medari 14. BIRTHPLACE (city or town) Churchell and (State or country)	Name of operation
15. MAIDEN NAME JUSTICLE HOUSE 16. BIRTHPLACE (city or town) ELS (Sacles (State or country))	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT & F. Meders (Address) 14 Harrison St Oct	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place J. Mysulles Medate why 5, 1934	Manner of injury
19. UNDERTAKER J. J. Julius (Address) Combelland net	24. Was disease or injurying any way related to occupation of depeased? If so, specify And
20 1000 ly 5 , 1934 Marsey Message Registrar. If more blanks are needed address State Registrar.	(Signed) M. D. (Address) Combellar of Ing.

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BUKEAU M			
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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	06748
1. PLACE OF DEATH	WITHIN COR	PORATE LIMITE 93-2	1
County Milliago	ny,	Registration Dist. No.	
Village or City. Commende	rland. (If	ND. 3 St death occurred in a horpital or institution, give its NAME instead of street	and number)
Length of residence in city or town where de	ath occurredyrsroos	ds How long in U. S. if of foreign birth?yrs	mos ds.
2. FULL NAME Smarts	ha Micha	ill	
(a) Residence: Np. 13 M	ter	St., 3 Ward.	
	(Usual place of abode)	If nonresident give city or tow	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEAT	Н
4. COLOR OF RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVERCED (nerite the word)	21. DATE OF DEATH	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. 1 HEREBY CERTIFY, That I atte	nded deceased from
	1/1/0	, 19 , to	
6. DATE OF BIRTH (month, day, and yeer)	200 1062	I last saw h alive on, 19.	; death is said
7. AGE Years Months	Deys If LESS than 1 day, hrs.	to have occurred on the date stated above, at, m.	
12 -	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were apriollows:	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Horsekuler	Chronic // Macardite	
9. Industry or business in which work was done, as SILK MILL,	2121	I a doctor un atre	te fame
SAW MILL, BANK, etc.	at 1 me.	ill several days	
- I time decapation (month one	11. Total time (years) spant in this	Franch Laund h	es
year)	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	A	dead - fed	
(State or country)		-	
13. NAME 14. BIRTHPLACE (city or town)	markel		
4 14. BIRTHPLACE (city or town)	21	Name of operation Date	of
(State of country)	gna.	What test confirmed diagnosis? Was ther	e an autopsy?
15. MAIDEN NAME	ight	23. If death was due to external causes (VIOL ENCE) fill in elso the fol	lowing:
15. MAIDEN NAME 16. BIRTHPLACE (offy or town)	91	Accident, suicide, or homicide? Date of injury_	, 19
∑ (State or country)	ma.	Where did injury occur?	10
17. INFORMANT MANUAL (Address)	Kngh	(Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	
18. BURIAL, CREMATION, DR REMOVAL		Manner of injury	
Place Kengger H. V.	Dete 1 9 , 1934	Nature of injury	1721
190 : 11	.1.0	24. Was disease or Injury In any wey related to occupation of deceese	
19. UNDERTAKER (Address)	Jan d	If so, specify	-12
) 1 a my	1 SIM	Compressed Y: 1 less	The Contraction
20 FUE G 1934 1.1.	akeely Aless Registrar.	(Address) de melue lacend	ma
If more b	lanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Cerebral hemorrhage	AMG 7	3034	July 5,1927	Peritonitis	3 days ago	
	BUREA	U.V.S				
Other contributory causes	s of importance	e:	~-	Other contributory causes of importance:		
Gallstones			May 1,1923	Gastroenteritis	1 year	

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. SINo. 1.

BINDING

FOR

RESERVED

RGIN

S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
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ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1.06752
1. PLACE OF DEATH	(67)
County Colly Manager CORPO	RATE LUCITS Registration Dist. No.
Village or City Moleculous	No. 415 Washington St. / Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in My or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME // // // // // // // // // // // // //	eus gr
(a) Residence: No. 4 V (Usual place of poode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) WV 10 1907	I last saw h. Ma. alive on from 30, 19.3. K death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date streed above, at
26 7 2/1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8 Trade profession or particular	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ann Shot wound
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	7/1/2
SAW MILL, BANK, etc	of Chest
this occupation (month and spant in this year)	
(and a long of	Other Contributory Canses of importance;
12. BIRTHPLACE (city or town) (State or country)	
13. NAME I Milus Roberts 3N	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Jamie Wilhholland	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Tarmie Wilhholland 16. BIRTHPLACE (city or town) Mt Sauge (State or country)	Accident, suicide, or homicide?
E (State or country)	Where did Injury occur? Combandand TM1
17. INFORMANT Tred Poberla	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 415 Wash to St City	hone
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury About Gur
Place Place Date 193	Natura of Injury was a Cheat
19. UNDERTAKER O. N. Duttes	24. Was disease or injury in any way related to occupation of deceased?
(Address) monday of my	If so, specify
20 steely 2, 1934 Sakery Mar	(Signed) D.
Registrar.	(Address)

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	R STATEMENTS BY PHYSICIAN
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deaths from

BINDING

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HYSI-PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH classified. Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME instated EXAC properly class of certificate. stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. may be n back (Write the word) (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH instructions Month) (Year) (Day) and that death occurred on the date stated above, at &. If LESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or CÓ particular kind of work (b) General nature of industry business, or establishment in D....(Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) Duration) 10 NAME OF (Signed) ulles 3. 192 14 (Address) ... 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. Z (State or country 0 RE 12 MAIDEN NAME OF 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 state SCUP lents or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of deathyrsds. (State or Country) 0 Where was disease contracted, if not at place of death? TRUE TO THE BEST OF MY KNOWLEDGE 40 Every item CIANS sho statement Former or usual residence. DATE OF BURIAL 19 PLACE OF BURIAL OR ADDRESE

Registrar

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

2D UNDERTAKER

20

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits ean be known. business, that fact may be indicated thus; Furmer (resstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Nervant, Cook definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At hume. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the or For many occupations a yrs). Farm loborer, Laborer Coul mine, etc. Woin-At Home, and children, not gainfully emwithout more precise specification as For persons who have no occupation single word or term on Locomoliec engineer, Day

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*erebruspinul fever (tl only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of 'contributory." diseases resulting from ehildbirth or miscarriage as "PUERPERAL replicacemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on as fracture of skull, and consequences (e.g., sepsis, curbalic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar: or intercurrent) affection need Whooping cough; American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory Meosles; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of cpilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

06755

1. PLACE OF DEATH	(151)
County alleghen	Registration Dist. No. 6
Village or city was as bunk but	No. St., Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) mos. 1. ds. How long in U.S. if of foreign birth?
7.0 + 1.	A. D
2. FULL NAME Margue Louise	seave
(a) Residence: No. 13 all (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word Temale White Married	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Led Seaher.	22. JHEREBY CERTIFY, That I attended deceased from June 19, 1938, to July 18, 1938.
6. DATE OF BIRTH (month, day, and year) Duc. 7, 1871	I law saw her alive on July 137, 1934; death is said
7. AGE Years Months Days If LESS tha	
62 7 6 1 day,min.	ware a follows.
8. Trade, profession, or particular kind of work done, as SPINNER,	a Orkerioelerasis 1832
SAWYER, BOOKKEEPER, etc.	monico Cephretes: duras 6/ 19/36
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occuration (month and	for, unbrown; golding served
10. Date deceased last worked et this occupation (month end spent in this occupation	months a Chiffe P
12. BIRTHPLACE (city or town) water of my	Other Coutributory Causes of importance:
(State or country)	- Urinary Suppression 7/7/
13. NAME James. P. Joury	
13. NAME James, P. Joury 14. BIRTHPLACE (city oldown). Sligs.	Name of operation. The Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Revues Browlers 16. BIRTHPLACE (city or town) Your Survey (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following
State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Miss. Frank James (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Philos wistersport Date Aug / 8, 19	Manner of injury
19. UNDERTAKER W-/V + Selento, (Address)	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED July 16, 1934 all and Registrar	(Signed) Servey M. D.
	trar, 2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
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AUG. 7. 1934			
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Example-I		Example II	
The principal cause of death and related cau of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

o ma	houl	00	
it,	50	of	
N. BWRITE PLAINLY, WITH NFADING INK-THIS IS A PERMANENT RECORD. Every item o	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	
ORD.	HYSI	t stat	
REC	Y. P	Exac	
LNI	T	d.	
INE	CI	sifie	
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9	sh	E O	is
RI	tion	SO	TION is very important. See instructions on back of certificate.
-	ma	CA	TI
. B.			
Z			

1. PLACE O	F DEATH	WITHIN CC	DEPORATE LIMITS (8)	./
County	Meleg	aug	Registration Dist. No.	7
Village or C	ity Cumber	land	No. St., If death occurred in a hospital or institution, give its NAME instead of street and r	War
Length of resi	dence in city or town where death	occurredyrs,mo	osds. How long in U.S. If of foreign birth?yrsm	osd
2. FULL NA	MELLCLARMAN	10/ hus	Rley	
(a) Residen	ce: No. 5/0 6	alto affe	St., 3 Ward.	
		(Usual place of abode)	If nonresident give city or town and	State
	AL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	1
3. SEX		SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193
5a. If married, widow	ed, or divorced		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	-		22. HEREBY CERTIFY That Nattended	deceased fro
	1	0 70 34	19 16	19
	month, day, and year)	my 2 7- 0/	lest saw h alive on, 19	; death is sa
7. AGE Yea	rs Menths	Days If LESS than	to have occurred on the date stated above, at	
	stillas	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
8. Trade, profes	ssion, or particular vork done, as SPINNER, BODKKEEPER, etc.			
SAWYER,	BODKKEEPER, etcbusiness in which		Junio 10	
work was	done, es SILK MILL, L, BANK, etc.		1 min di nation	+
1D. Date decees	ed lest worked at pation (month and	11. Total time (yeers) spent in this occupation	I pros reco	
12. BIRTHPLACE (cit (State or cour		rland med	Other Contributory Causes of Importance:	
1	Pach A	the piller		
13. NAME 14. BIRTHPLACE	sacjone C	1000		
14. BIRTHPLACE		cora, co,	Name of operation Date of	
3		sh. 801 -	What test confirmed diagnosis? Was there an a	u'opsy?
15. MAIDEN NA	ME Mary of	1 1 0 D	23. If death was due to external causes (VIOLENCE) fill in also the following	:
16. BIRTHPLACE		Cond Co, / a	Accident, suicide, or homicide? Date of injury	, 19
E (State or	country)	1 10 3	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT/ (Address)	mis Race	a super	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	KCE.
LOSEL CREMAT	IDN, OR BORNAL	2-29- 4	Manner of Injury	
Place	De la la la la la la la la la la la la la	ete, 1927	Nature of injury	
19. UNDERTAKER (Address)	Talfah She	fley mad	24. Was disease or injury in eny way related to occupation of deceased?	, ,
20. FILEBELLY	104 24 1/2	· · · · · · · · · · · · · · · · · · ·	(Signed)	er M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG. 7, 1994			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLAINLY, WITH TAFADING INK-THIS IS A PERMANENT RECORD. EV	hould be carefully supplied. AGE should be stated EXACTLY. PHYSICIA	OF DEATH in plain terms, so that it may be properly classified. Exact stateme	very important. See instructions on back of certificate.

should WRITE PL

S. No. 1

OF

S CAUSE mation

TION

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

(Address)

(Address)

19. UNDERTAKER

OCCI pluods

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County_ Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. If of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred... 2. FULL NAME Ward. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) mula Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Davs If LESS than 7. AGE Years Months to have occurred on the date stated above, at 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Oate of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) Name of operation_____ (State or country) What test confirmed diagnosis? Was there an autopsy? OTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16, BIRTHPLACE (city or town)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Where did injury occur?_____

(Address)

Manner of injury

If so, specify ____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Nature of injury 24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	H	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		ν,	
			1,1

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Example I	0-1-1-1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	Doy 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
12 P	ok furth	ER STATEMENTS BY PHYSICIAN	

CA Date

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19. UNDERTAKER (Address)

mation

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of injury

if so, specify

Natura of injury

(Address)

24. Was diseese or injury in eny way related to occupetion of daceesed?.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Julu 5.1927 Peritonitis Cerebral hemorrhage 3 days ago CLASSICH SECTION Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 year

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS B	SY	PHYSICIAN
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No. 1	7	Ë	C
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	i.		-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 06762
1. PLACE OF DEATH	RPORATE LIMITS (12)
County Allegating	Registration Dist. No.
Village or City 6 Compared Cut	No 2 Lang un st, 6 2 Ward
Length of residence in city or lown where death occurredyrs	If death occurred in a horpital or iostitution, give it AME instead of street and number) s
2. FULL NAME Darton O. O.	unth -
(a) Residence: No. 22 Hyndman (Ta St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 1. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Kely 24
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year) 23. HEREBY CERTIFY, That attended deceased from
(or) WIFE of Umanda Orumbay	HEREBY CERTIFY. That I attanded deceased from
6. DATE OF BIRTH (month, day, and year)	1 Jast saw h Langlive on Mills 123 1934 death is said
7. AGE Years Months Days If LESS (hen	to have occurred on the date stated above, it 335.
7 7 9 1 day,hrs.	were as follows:
The Trade profession of actioning	Dete of oneset
kind of work done, as SPINNER, A CONSISTENCY BOOKKEEPER, etc.	Trues Ichrom 195
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 1919 11. total time (years) 50 this occupation (month and	
year) occupation occupation	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) (Stata or country)	The world apoller my
	6931
A se a de la companya della companya de la companya de la companya della companya	
(State or country)	Name of oparation Date of
1 1 10	What test confirmed diagnosis? Was there an autopsy?
Dara math	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or county)	Date of Injuly, 15
O) rEnsial -	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CADDRESS A Pastery Com	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL GREMATION, OR REMOVAL	Manner of injury
Augnoran la Dollfy 26, 1934	Natura of Injury
19, UNDERTAKER IS L. I. Stadler	24. Was disease or injury in any way related to occupation of deceased?
Addrass Mull randall Va	If so, specify
theles 24 hay Hour AM	(Signed) B Quint M. M. D.
Registrar.	(Address) 133 Vaca
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	ED	i ii	Example II	
The principal cause of death and r of importance were as follows:	elated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1934	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	111	July 5,1927	Peritonitis	3 days ago
Other contributory causes of impor	rtance:	- 11(6), h	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—V

	STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH 0676:
1. PLACE OF DE	ATH			(40)
County	Allegany	WITH	N CORPORPTE	Registration Dist. No.
Village or City	Cumberla	nd. Md		No. Memoral. Hospital St., 6 - War f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence is	n city or town where	death occurred		ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME	Pare	Sie Co	Porette	
(a) Residence: No	Carde	, apr	taris 13	alsto Clores. Cemberland 2
PERSONAL	ND STATIST	(Wual place		MEDICAL CERTIFICATE OF DEATH
PERSONAL A	LOR OR RACE	1	RIED, WIDOWED,	21. DATE OF DEATH
Female	White	or Divorce	D (write the word)	(Month) (Day) ,193 +
6a. If married, widowed, of d	divorced Sm.	ith		
(or) WIFE of	OULD DI	- 011		22. I HEREBY CERTIFY, that l'attended deceased fro
5. DATE OF BIRTH (month,	day, and year) N	ov.8.19	06	Hast saw her alive on July 35, 1934; death is sa
. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at
57	7	28	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or kind of work do SAWYER, BOOK!	ne, as SPINNER,	House w	ife	Seption
kind of work dot SAWYER, BOOK! 9. Industry or busines work was done, SAW MILL, BAN 10. Date deceased last	VELI LIN, GIG			Spiroling military abscesses July 9
SAW MILL, BAN	K, etc	1 11 Tabel	time (uness)	Self-produced abortion. Slippeny alma in-
this occupation (month and	spa	time (years) ent in this upation	troduced in carrier of mother. anger
		Md		Other Contributory Causes of importance:
2. BIRTHPLACE (city or tov (State or country)				aborton Jane
	ott Robin	nett		1 11 11 11
14. BIRTHPLACE (city o		Md		Name of operation
(State of count)	,	27.4.7		What test confirmed diagnosis? A Was there an aulopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city e)		Nilson Me	3	23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury
2 16. BIRTHPLACE (city e		101	4	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Me	emoral Ho	ospital		(Specify city or towo, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	Cumberl	and. Md		
18. BURIAL, CREMATION, OF	Wilson	Date Ju	lt8.1934	Manner of injury
nully 13	John . C . V			Nature of injury
19. UNDERTAKER		land. Mo	ī	24. Was disease or Injury in eny way related to occupation of deceased?
1. Den	10346	Marie	ANONe.	(Signed) (Signed) (AAA) M.
20. Elyender	-, 1947	Jun	Pi	(Address) Cunterant, 116

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. To not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	-	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

- t - t	STATE OF MARYLAND—	CERTIFICATE OF DEATH 06764
state UPA-	1. PLACE OF DEATH	
·	County allebruy	Pagistration Diet No. 1
should of of OCC		Registration Dist. No.
sho of C	Village or City Golden	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
20	Length of residence in city or town where death occurred 12 yrs mos.	ds. How long in U.S. if of foreign birth?
Every CIANS tement	$rac{1}{2}$	-1 6 14
0 3	2. FULL NAME	200 mill
KD.	(a) Residence: No.	St., Ward. If nonresident give city or town and State
	(Usual/place of abode)	MEDICAL CERTIFICATE OF DEATH
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	
K K	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH
E ,	Male While Wydowei	(Month) (Day) (Year)
X A C T I classified.	Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	
A C Issifi	(or) WIFE of Man 1 1 5 - Al	22/ HEREBY CERTIFY. That t attended deceased from
X X Z	The state of the s	July 4 9 , 1934 10 July J. 1934
	6. DATE OF BIRTH (month, day, and war) UL 9, - 1852	Clast saw 1; death is said
d d erl ica	7. AGE Years Mghths Oays / If LESS than	to have occurred on the date stated above, at. 4. S.P.m.
IS A PES stated E properly certificate.	γ ν γ γ 6 1 day,hrs. ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were actions:
	-8 Trade profession or particular	(Intinin Delevacio) Oate of onset
IIS be be of	SAWYER, BDDKKEEPER, etc.	Chr. my reardition
<u> </u>	7. Industry or business In which	Coronary Thurse bas in Occhesion 7.4. 34
should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	127 200 1100 200 10 200 17 17 37
INK sh t it on	O 10. Date deceased last worked at 11. Total time (years)	<i>H</i>
	this occupation (month and year)	
AC AC ION	P	Other Contributory Canasant importance:
NFADING pplied. AGF erms, so tha instructions	12. BIRTHPLACE (city or town) (State or country)	General
FA ied ns, stri		
ITH CNFA	13. NAME has the	
H'E sur	14. BIRTHPLACE (city or town)	Name of operation
	(class of country)	What test confirmed diagnosis? Was there an autopsy?
WITH efully in plai	15. MAIOEN NAME Man. Puel	23. If death was due to external causes (VIOLENCE) fill in also the following:
PLAINLY, WI tould be careful of DEATH in preezy important.	15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury19
AİNLY, ld be car DEATH y imports	16. BIRTHPLACE (city or town)	Where did injury occur?
EA im	201 1 1/2 6 - +1	(Specify city or town, county and State)
A PI O	17. INFORMANT III S Caffell I mall	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
Should OF D	(Address) 18. BURIAL, CREMATION, OR REMOVAL	***************************************
E S E	Tien to the tien t	Manner of Injury
IS N	Place M. C. 19 J. J. 19 J. J. 19 J. J.	Nature of Injury
WRITE mation sCAUSE	19. UNDERTAKER A . S. USVALLE	24. Was disease or injury in any way related togoccupation of deceased?
LEOF	(Address) portur mul	If so, specify
m (T)	0012112000	(Signed) Mossin and leevel M.D.
z	20. FILED Land 6, 19 3 4 D. W., 1 Source Team	(Address) Peldment V. VW
,	If more blanks are needed, address State Registrar.	

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	S		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		med seeks and seek the seek	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH

	(a) Residence: No. Lynaury	St. Ward.	
gmann	(Usual place of abode)	If nonresident give city or town and St	late
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
9	nale 4. COLOR OR BACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 4 (Year)
5a.	If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended day	ceased from
6.	DATE OF BIRTH (month, day, and year) April 11. 1933	Hast saw have alive on Joles 14 th 1934;	
7.	AGE Yaars Months Days If LESS than	to have occurred on the data stated abova, at	
	8. Trada, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	Date of onset
TION	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Scalded by boil,	911
UPA	9. Industry or Dusiness in which work was dona, as SILK MILL, SAW MILL, BANK, atc	water	- Sey S
000	10. Data dacaasad last workad at this occupation (month and spant in this		
12.	BIRTHPLACE (city or town) Confidence (City or town)	Other Contributory Causes of Importance:	
ER	13. NAME andrew . Alland		
FATH	14. BIRTHPLACE (city or town) Analylanu (Stata or country)	Name of oparation Date of	
ER.	15. MAIDEN NAME NOULE WAR	What test confirmed diagnosis? Was there an auto	opsy?
MOTHE	16. BIRTHPLACE (city or town) Lange Canal) (Stata or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicida?	19.34
17.	INFORMANT AMAREN Land	(Specify of town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18.	BURIAL, CREMATION, OR REMOVAL Place Cless Will Censelry Data July 29, 1934	Manner of Injury Scalded accidentally to	1
19.	UNDERTAKER M. Cerchistania. (Addrass)	24. Was disaase or injury In any way raiatad to occupation of decaased?	*
20.	FILED July 20, 1934 L. Don Tylorus Registrar.	(Signad) Harry In Hodgson (Address) Life arturns, and	

STATE OF MARYLAND—CERTIFICATE OF DEATH

184

Registration Dist. No.

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demonito	M 09 1,10%		2 900

ADDITIONAL SPACE FOR FUR	ER STATEMENTS BY PHYSICIAN
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BINDING

FOR

RESERVED

ARGIN

V. S. Mo. 1

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The state of the s			
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PLACE OF DEATH	STATE OF MARYLAND
(100 miles)	(46) CERTIFICATE OF DEATH
County Clegary	10
11/1/2	Registration Dist. No.
Village or City of Paloage (No	St; Ward) (If death occurred in
	a hospitul or institu- tion, give its NAME in-
solut Sauce	ue Av. stead of street and number.)
² FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 1 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED, Married	July 6, 10%
Mate. OR DIVORCED (Write the word)	17 I HEREBY CERTIFY, That attended the deceased from
6 DATE OF BIRTH	1 1 21 /34 /21/2 /2 31
august 24 .887	1
(Month) (Day) (Year)	that I last saw halive on 192
7 AGE If LESS than	and that death occurred on the date stated above, at,
	The CAUSE OF DEATH & was as follows:
	Jaruna of yomall
*OCCUPATION	
(a) Trade, profession or Steam Fitter	
(b) General nature of industry	
business, or establishment in Clause Silk Mill. which employed or (employer Clause Silk Mill.	
9 BIRTHPLACE	Contributory
Ollingramy on Mid	(Duration) / yre mos de
10 NAME OF	1 IN W INSUNIA
Robert Colone Severe Son	(Signed)
11 DRTHPLACE	fly O. 1927 (Address) Chullellous My
11 BERTHPLACE OF FATHER (State or country) Pennsylvaira.	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
C 12 MAUDEN NAME OF MOTHER	Achdental, Suicidal or Homicidal.
a Christina Hergett.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ents, or Recent Residents)
18 BIRTHPLACE OF MOTHER	At place In the
(State or country) Md.	of death yrs. mos. da, State, yrs mos da,
IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Untoman Torrold M. Cooley.	Former or usual residence.
	19 PLACE OF BURIAL OR REMOVAL CATE OF BURIAL
(Address) Fairchance, Fa.	218 0 21 Card VI 11 8 34
01/0 201002 20	of Jun to Ulu Af the Party Man, 190.
190 THE DOULLINE	20 UNDERTAKER ADDRESS
Acal Registrar	Hus Vires Hus Viruan A
If more blanks are needed, address State Registrar,	16 W Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as .1t school or .1t kome. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the labores, Farm labores, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be satheient, e. g., Farmer or Planter, Civil engineer, Stationary Aremen, etc. Physician, Compositor, Architect, Locomotive engineer, tion applie, to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation Precise statement of oc etc., For many occupations a single word or y1.8.). without more precise specification as Day For persons who have no occupation But in many The ques term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING BEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis".); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment, of cause of death approved by Committee head of "contributory." quences (e. g., sepsis, tetapus) may be stated under the Nomenclature of the American Medical Association.) ary). 10 ds. Nevel report mere symmetoms of terminal conditions, such as "Asthenia," "Antecmia" (merely ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; as probably such, if impossible to determine definitely, taken. For violant is aris state means of injury State cause for which suggical operation was undercan be ascertained "Uraemia," "Weskn / " Poisoned by certain a d-probably suicide. train—accident; Revolver wound o' head-homicide; and qualify as Accidental, Suicidal, or Homicidal, or "Puerperal septicaem of "Privateria peritonitis." diseases resulting from childbirth or misearriage as rhage." "Inanition " "Merasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic). "Atrophy." "Collapse," "Coma." causing death), 23 ds.: Browcho, acumonia (secondinges, peritonarum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid vulsions." stated unlers imparant. Chronic in ersaiting nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart discase; "Debility" ("Congouital," "Senile," etc.), in the cauce. Always qualify all (R commendations on state-.tc, when a definite disease Examp'e: Meastes (disease Struck by railroay Measles; "Con-

If this certificate is lo ked over thoroughly and all questions answered in lead, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Allegary	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City MANUAL (No. 2FULL NAME MAY AGUS SA PERSONAL AND STATISTICAL PARTICULARS	St.: Ward) (If dooth occurred in a hospitel or institu- tion, give ite NAME in- stead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Yeel) 17 I HEREBY CERTIFY, That I attended the decessed from 1925. to 1925, that I lest saw h. Melive on 1925.
(Month) (Day) (Year) 7 AGE 3 8 yrs. 3 mos. ds. or min.?	The CAUSE OF DEATH * was an follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duretion) 7 yrs mos ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 18 BIRTHPLACE OF MOTHER (State or country) 10 NAME OF JOURNAL OF JOURNAL OF MOTHER (State or country) 10 NAME OF JOURNAL OF JOURNAL OF JOURNAL OF MOTHER (State or country) 11 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary (Duretion) (Signed) (Signed) (Address) (Address) (State the Disease Causing Death, or, to deeths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yis mos ds. Where was disease contracted,
(Informant) The Head of My Knowledge (Address) Manage Ha Filed 7/5 1984 A Systitus	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 VINDEBTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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10 ds. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, telinus) may be stated under the head of "eontributory. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atie), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e.g., sepsis, cambolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train American Medical Association.) (Recommendations on statement of cause of Never report mere symptoms or terminal condiinterstical nephritis, FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature of the merhritis, etc. The contributory need not be etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
moral Val			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06770
1. PLACE OF DEATH	167-E)
County all gang	Registration Dist. No.
	No. St., Ward (death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence In city or town where death occurred yrange	ds. How long in U.S. it of foreign birth? yrs mos ds.
2. FULL NAME Devald Ways	e Tombinson
(a) Residence: No. 83 Grand September (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the wird)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
d 11 6311	i last saw ham alivo on June 20, 1934; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the dato soled above, at 9'45' P.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ratatad causes of Importance
9 Trada profession or particular	Date of onest
SAWYER, BOOKKEEPER, etc.	Congenital Spina Bilida 1/930
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	
kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and year).	
F. M.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAMECEEL Leren Tombinson	
14. BIRTHPLACE (city or town) Klandyfel	Name of operation Date of
(State or country)	What test confirmed diagnosis? Clin Fond Was there an eutopsy?
15. MAIDEN NAME Clara Munson	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Clara Munson 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
17. INFORMANT Ceril Lerry Tomperson (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Fronting Date July 5 1934	Manner of injury
19. UNDERTAKER Cecil Tompinson	Nature of injury
20. FILED 7/4 1934 a. R. Bracker	(Signed) Wom And M. D.
Registrar.	(Address)

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of importance were as follows: Arteriosclerosis	1915	Attack of cpilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example II	
se of death and related causes e as follows:	Date of onset
	1 week ago
r	1 week ago
	3 days ago
causes of importance:	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1015		
1010	Attock of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
7 1934	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	July 5,1927	1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

(Address)

(Address)

19. UNDERTAKER

Durrett

18. BURIAL, CREMATION, OR REMOVAL

OCCUPA-

plnods

Cumberland 1 d

John . C . Wolford

Place Wagner Cemetery Da Wva 7.19.1934

Cumberland. Md

Y WITHIN OOM	Registration Dist. No.
berland.Md	No Aemorial Hognital Sto =/ West
	If death occurred in a horpital or institution, give its NAME instead of street and number)
Edward Wagner	os. ds. How long in U. S. If of foraign birth? yrs. mos. ds.
11	A St. Ward.
(Usual place of abode)	If nonresideot give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 17 (Month) (Day) (Year)
	22. IHEREBY CERTIFY, That I attended deceased from
Wagoner,	1931, to 17, 1934
ar) Feb. 2 1885.	l lest saw he elive on 17, 1934: deeth is said
onths Days If LESS than	to have occurred on the date stated above, at 7:05P.m.
5 15 1 day,hrs	The FRINCIPAL CAUSE OF DEATH and related causes of importance
NED	Hypotensed Cardio Vaser Data of onest
Lumber Man	Jeseval 1929
LL,	Morie myocardely
11. Total time (years) spent in this	
Vest Virginia.	Other Contributary Causes of Importence:
m Wagner,	
YNF L. YY 9	Nama of operation Date of
West Virginia,	What test confirmed diagnosis? Wes there an autopsyl
Ward	23. If death was due to externel causes (VIOLENCE) fill In also the following:
West Virginia	Accidant, suicide, or homicide?
al Hospital	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
land Ld.	
etery. Va 7.19.1934	Manner of injury
Wolford	24. Was disaese or injury in any way ralated to occupation of dacaasad?
rland. Md	If so, specify
Harnest Voice	(Signed) (M. D.
Registrar.	(Addrass) Cumberland ned
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

TION

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	3			
Other contributory causes of importance:	-	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Exact statement of OCCUPA-

stated EXACTLY. properly classified.

certificate.

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

mation should be carefully supplied.

STATE OF MARYLAND— 1. PLACE OF DEATH County Maryland WITHIN COPE	CERTIFICATE OF DEATH ORATE LIMITS Registration Dist. No.
Village or City	No. St., Ward death occurred in a horpital or institution give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Halliam Chester	Walker.
(a) Residence: No. 50 4 Unations (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OF RACE OR DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 7 I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Lie. 19 1914	I last sew h. L. elive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, at
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupetion (month and year) 11. Total time (years) spant in this occupation	Date of onset Application of Communication Date of onset 7-16-34
12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importence:
13. NAME Color Calber 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME Color R Bradley	Name of operation
15. MAIDEN NAME Selen R Bradley 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Couster Walker. (Address) Comberland	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place T/30, 1934	Menner of Injury
19. UNDERTAKER Ango Steps One (Address) 20 FILED 4 30 193 4 Chipmen & Marsh	24. Was disease or injury in any way related to occupation of decessed? If so, specify (Signed) M. D.
20. FILED J. 30, 193 4 Stellswey N. Cherry. Registrar.	(Address) Innleadant Md.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUDEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06775
1. PLACE OF DEATH	
County allegame, WITHIN CORPO	PRATE LIMITE Registration Dist. No.
	Bush 11 to 11 +1 5
Village or City Cumoviland	death occurred in a horpital or institution reve its NAME instead of street and number)
Length of residence in city optown where death occurred	
2. FULL NAME Almerall & Mars	
1 1/4 11 4	
(a) Residence: No. April (Usual place of abode)	St., 2 Ward. Understand If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3,85X 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR OVORCED ("write the word)	July 221 1934
mu While male	(Mooth) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. I BEREBY CERTIFY. That I attended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, end year) Oct 5, 1865	I last saw h elive on, 19; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
1 C/ C/ 10 1 dey, hrs.	The PRINCIPAL CAUSE OF BEATH and related causes of importance
8. Trade, profession, or particular	were a follows:
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	mones myourus
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) spant in this occupation (month and	The state of the s
work wes done, as SILK MILL, SAW MILL, BANK, etc.	alguna alas ung
Date deceased last worked et 11. Total time (years)	Mattle har and Sunday
this occupation (month end spant in this occupation	afternoon 7-22-34T
00	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Son Manen. 14. BIRTHPLACE (city or town).	
14. BIRTHPLACE (city or town)	Neme of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (Alvortown).	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (Ob or town)	Accident, suicide, or homicide?, 19, 19
(State or goupty) funknown	Where did injury occur?
17. INFORMANT Clayde Standish	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Cornellarille (a)	
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Justinsming 12 7/73,1834	Nature of injury
I Imia att 10	24. Wes diseese of injury in any way related to occupation of deceased?
19. UNDERTAKER ATMO MUST JOSE (Address)	W.So. shoots
I mystery +///a/	King pulled I Can Tocal man
20 Holy 2 8, 1934 Marity N Men	
Registrar.	(Address) - f- Landblelling

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
ADDITIONAL	SPACE	FUR	FURTHER	SIMIEMENIS	DI	I II I SICIA.

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Melyany	Registration Dist. No.
Village or City // (www.)	No. St. Ward
Length of residence In city or town where death occurred Ars.	If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?
2. FULL NAME GLORGE IN MIC	in chrenner _
10 10 40 500	/ Ct Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Abrite the word)	21. DATE OF DEATH 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Mary Manakron in	22 HEREBY CERTIFY. That attended deceased from
C C I T I I I I	1939 10 100
6. DATE OF BIRTH (month, day, and year) 2 / 5 / 5 / 5	Mast saw 1 3 4; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at C
// /O . ormin.	were as follows:
Trade, profession, or particular kind of work done, as SPINNER Helized Coal Men.	I from Alphriles
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this occupation (month and second last worked) 11. Total time (second last worked) 12. Total time (second last worked) 13. Total time (second last worked)	9 () 3 42
A Industry or business in which work was done, as SILK MILL, Chall Sources	and Mystalaths
10. Data deceased last worked at 11. Total tima (years)	
O this occupation (month and spant In this occupation occupation	
X M-2. 0	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
18 212-001	
13. NAME William S. Winebruner 14. BIRTHPLACE (city or town) Garrett	
14. BIRTHPLACE (city or town) Jarrell	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was dua to external causas (VIO) ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, sulcida, or homicide?
E (State or country) Sabrett Country	Where did injury occur?
17. INFORMANT Floyd Wyne brenner	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	, Manner of injury
Placa Trostling Date July 14, 1934	Nature of injury
Q & 6/9/11/2	1 300
19. UNDERTAKER (Address)	24. Was disease or Injury in any way related to occupation of deceased?
The state of the s	If so, specify
20, FILED // 4 , 19 34 Clift, Stacker	(Signad) M. (
Registrar.	(Address)

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
No. 4 1584	1		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

06779

1. PLACE OF DEATH	The second secon
County Allegany	RPORATE LIMITO Registration Dist. No. 4
Village or City Cumberland Md.	No. Memorial Hospital St.6 -/ Ward
V	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs. Clara Wright,	
(a) Residence: No. Alum Bank Pa.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX Female 4. COLOR OR RACE Formale 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Howard Wright	22 I HEREBY CERTIFY. That i ettended deceased from
1101107 (117 20110	July 4 1934, 10 July 14, 194
6. DATE OF BIRTH (month, day, and year) April 15, 1875.	I last saw here alive on 15 19 19 19 19 deeth is said
7. AGE Years Months Deys If LESS than 1 dey,	to have occurred on the date stated above, at 7:05 m.A. M.a.
59 2 29 1 dey,hr	mere as diffuse.
8. Trede, profession, or perticular kind of work done, as SPINNER.	Data of onset
SAWYER, BOOKKEEPER, etc.	(ar lenoma
work was done, as SILK MILL, SAW MILL, BANK, etc	Colone-left bile
10. Date deceesed last worked at 11. Total time (years)	
this occupetion (month and spent in this year) occupetion	Shophate
12. BIRTHPLACE (city or town)	Other Cantributary Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) Pennsylvania	
13. NAME Eli Oler	
13. NAME Eli Oler 14. BIRTHPLACE (city or town)	Neme of operation and and Date of Set 12
(State of country) Fenns y I van I a	What test confirmed diagnosis? Was there an autopsy? Ha
15. MAIDEN NAME Margaret Shaffer	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
E AS RIPTURI ARE A III	Accident, suicide, or homicide?
(Stete or country) Penns Vivania	Where did injury occur?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT Lemorial Hospital (Address) Cumberland Md.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
rachement Willer Day Helf 16, 10 4	Neture of Injury
19. UNDERTAKER J. E. Blacklinen	24. Was disease or injury In any way related to occupation of deceased?
(Addiess) alum Bank, Bedford	If so, specify
20. FILE Seeles 1 4 1934 Naprice NOVaca	(Signed) All G. Frace M.D.
Registrar,	(Address) (sewferland The

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Gracie

-WRITE PLAINLY,

N. B.-

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